MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07207 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Manth 8:50 M Michael Joseph Salzarulo May rsician ond completely filled in by the fun please remave carbon papers. Pages 1 I, and in ony event, within 72 hours after c 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. 24 hours after last birthday) White 9 August 1968 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [X] country) WIDOWED [Connecticut TISA DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the deoth certificate be executed within give street address)
The Clinical Center, NIH during most of working life, even if retired.) INDUSTRY Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY YES 🔯 49 Brett Lane Connecticut Hazardville 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Michael Salzarulo Sheila McDougal 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Yes, na, or unknawn) I (If yes give war or dates of service) buriol, cremotion, or removol, The Clinical Center, NIH, Bethesda, Maryland None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Cardiac and Respiratory Arrest 6 hours DUE TO, OR AS A CONSEQUENCE OF Pulmonary Edema and hours signed by the buriol-transit p Canditians, if any, which gave) (b) Massive Hepatomegaly months rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes () Lipid Storage Disorder of Unknown Etiology months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES X Yes O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Poge 4 moy be retained by the hospital HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark 22a. I certify that (X) (this haspital) attended the deceased fram 27 April , 19.69 , ta 15 May , 19.69 , that (X) (we) last saw the deceased alive an 15 May 19.69, and that in (xox) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (X) (we) (did) (A) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 16 May 1969 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Howard R. Sloan 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) BLOOM FIELD MT. ST. BENIDICT CEM CONN. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

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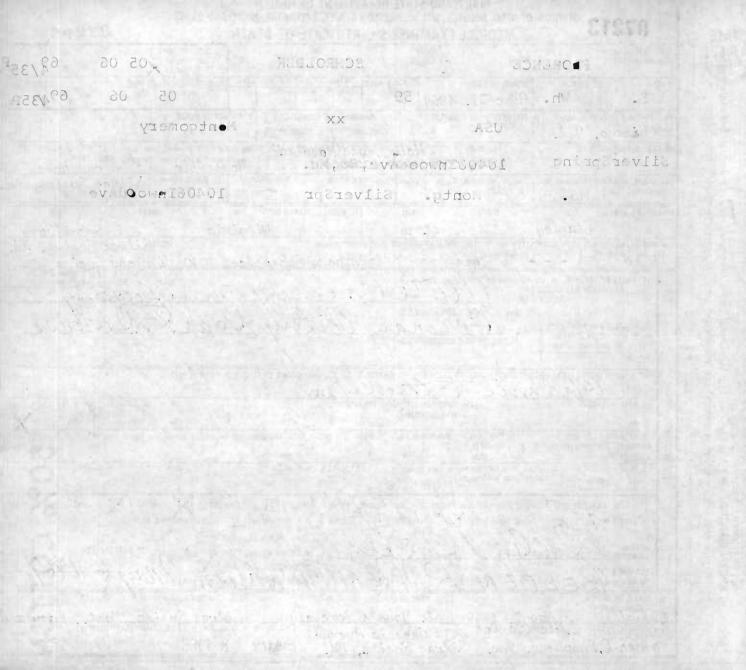
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| | MARYLAND STATE DEPARTMENT OF HEALTH | |
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| | 07212 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH | |
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| 0/15 | 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last | |
| 2 | SAMUEL T SCHOOLER NELLIE WATSON | ./ |
| and | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT . Address | 4 |
| - | Yes, na, ar unknown) (If yes give war or dates of service) 578-07-8008 HOSPITAL RECORDS, | |
| | APPROXIMATE INTERVA | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Christian Value (1.) | AIH |
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| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
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| | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Ham 18.) | |
| X | YES NO CAUSES OF DEATH? | |
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| | G (If either, notify medical examiner) P.M. HOUR A.M. Month Day Year 19 20 21 21 21 21 21 21 21 21 21 | |
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| | 220. I certify they (It (this hospital) attended the deceased from 3/21, 19 41, to 2/28, 19 45, that (1) (we |) lost |
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| | 1250 PHYSICIAN'S NAME (Type) Low 15 1. Dennes no 22e. ADDRESS But Preld. SS my. | |
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| | 23d. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATORY 23d. LOCATION (City or Town) (County) (State) 5/31/69 Ft. Lincoln Cemetery Prince Georges Co. Mc | |
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| W. | 24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS **ANNEX Washington, D. C. 25. REGISTRAR'S SIGNATURE DATE 25. DECD BY REGISTRAR'S SIGNATURE DATE | |
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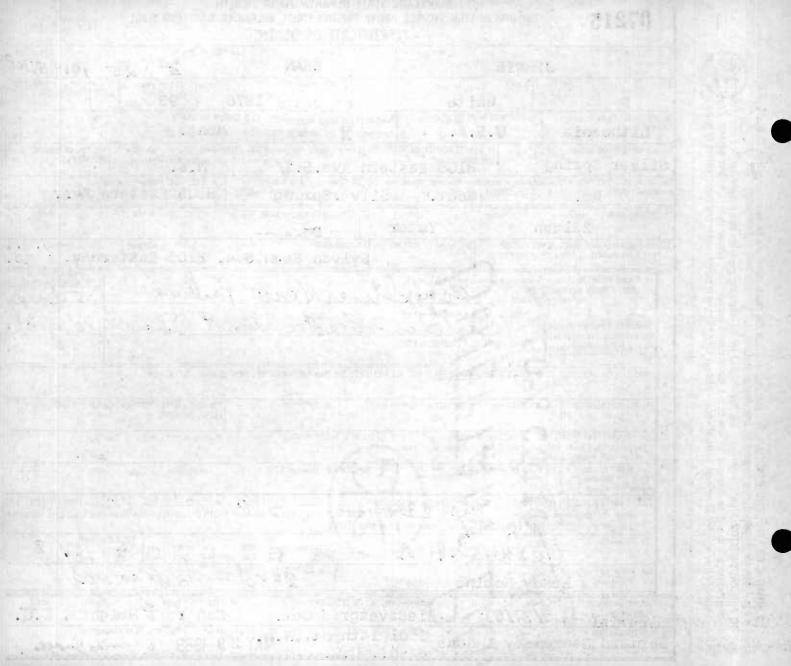
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| | INER: 1 e certific should b files. 3 shauld arion, a | MEDICAL | CAUSE OF DEATH P.M. | 19 | | | |
| | | WE | 1d. INJURY OCCURRED 21e. PLACE OF INJURY (At home factory, office building, etc.) | , form, street, 21f. LC | OCATION Street or R.F.D. No. | City or Town | County State |
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MAKTLAND STATE DEPARTMENT OF HEALTH



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| execut ind cam | / | 14. F/ | ATHER'S NAME First | Middle | Last | IS. MOTHER'S MAIL | | Middle | 1 | Last |
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| | | 16a. | WAS DECEASED EVER IN U.S. ARM | | OCIAL SECURITY NO. | 17. INFORMANT | Son | Address | | |
| physical place | | Ye | es, no, ar unknawn) (If yes give wo | or or dates of service) | 9-42-3173- | A Raymond | J.Scopi | in Same | as Item | 13. |
| cer The p | | | 18. CAUSE OF DEATH (Enter anl | y ane cause per line far f | a), (b), and (c),) | | | | APPROXIM | ATE INTERVAL |
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| e law requires that the death certific trending physician. as been signed by the attending physic as the burial-transit permit. Then physicial to burial, cremation, ar remayal, | | | last. | (c) In | Price | 1 of the | innaly | 200 | 48 | hon |
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| ret ret with with with with with with with wit | | | 22b. SIGNATURE | | -1 M | ATTENDING | MED. | STAFF 22c | DATE SIGNED | 10 |
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| FU Fu Share | | 23a. | BURIAL, CREMATION, REMOVAL (Specify) | | 23c. NAME OF CEMET | | | OCATION (City ar Town) | (Caunty) | (State) |
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| buriol, cremotion, or removol, and in any | 14. | FATHER'S NAME First | Middle Last | | | DEN NAME First | | Middle | | Last |
| 2 | | Robert | R. Seiler | | | Dianne | | | Smi | th |
| 5 | 160 | 'es, no, or unknown) (If yes give work | FORCES? 16b. SOCIAL SECURITY N | O. 17. 1NF | ORMANThe | Medical | Record A | ddress | | T1007 |
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| | MEDICAL CE | 21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW | / INJURY OCCU | RRED (Enter noture | of injury in Part 1 a | r Part 2, It | em 18.) | 17 376 |
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MARYLAND STATE DEPARTMENT OF HEALTH 07217 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07213 SHARP, Jr. 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR A requires that the death certificate be executed within 24 haurs after death (Type or print) John Richard 1140M May 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR last hirthday) Male Caucasian February 27, 1948 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? and campletely filled in by remave carban papers. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (duntry) Virginia USA DIVORCED | Montgomery WIDOWED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) Naval Hospital dufing most of working life, even if setired.) Bethesda 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER Apt. F 13d. INSIDE CITY LIMITS? odmission) STATE Tllinois 13b. COUNTY DuPage Hinsdale 16W630 Mockingbird Lane YES NO IX and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Richard Sharp, Sr. Rosa Lee Fowlkes signed by the attending physician burial-transit permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Apt. F AddressHinsdale, III. Yes no, or unknown) 1966-67 service) 498 48 2282 burial, crematian, ar remaval, J. Richard Sharp, 16W630 Mockingbird Lane APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bilateral hemothorax associated with pneumonia, DUE TO, OR AS A CONSEQUENCE OF pulmonary hypertension and congestive failure Canditians, if any, which gove) (b) Aortic insufficiency rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta Aortic valve prosethesis; cystic medial necrosis ascending aorta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ves NO -21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. P.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work 220. I certify that x() (this hospital) attended the deceased from April I(, 19 69, to May 13 , 19 69, that (4) (we) lost saw the deceased alive an May 13 , 1909, and that in (My) (aur) apinion death accurred on the dote and haur and from the causes stated abave, (PF (we) (did) (CFCFFF) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 14 May 1969 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) M. MILLS. M. D. Naval Hospital, Bethesda, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) BREMOVAL (Specify) 5/19/69 Calumet Park Cemetery Gary Indiana 24. FUNERAL DIRECTOR Wilhelm Funeral Homeore Suitland Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M · 1/69 4308 Suitland Road, Weshington, XDXXX, S.E. DAMAY 1 9 1969 Michelly Judge

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| | d do ony | 14. | FATHER'S NAME First | Middle | Last | 15 | . MOTHER'S MAIDE | | | Middle | | Last |
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| | OSP JNEI ctor uld | 220 | BURIAL, CREMATION, 23b. | DATE / c | 23c. NAME OF | CEMETERY OF | CDEMATORY | 122 | | (City or Town) | (County) | (State) |
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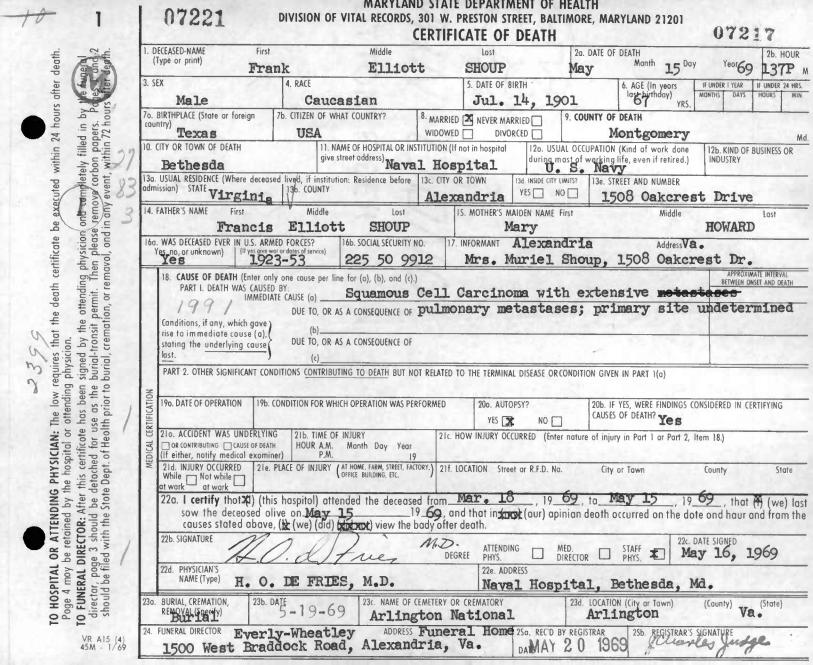
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| nin 24 hour: filled in by papers. P | 7a. cau | BIRTHPLACE (State ntry) | or foreign | 7b. CITIZEN OF WHA | | 8. MARRIED NET | DIVORCED [| 9. COUNTY | or DEATH ontgome | ry | | Md. |
| within ' | Λ. | CITY OR TOWN OF | | give str | eet address) | NSTITUTION (If nat in ho | during | i ma िक्षक्री SUAL OCCUPATI | ON (Kind of war ng life, even if r | rk dane etired.) | 12b. KIND OF INDUSTRY Store | BUSINESS OR |
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| Ming PHYSICIAN: by the haspital or fler this certificate be detached for us | MED | (If either, natify 21d. INJURY OCC While Not w at work at we | URRED 21e. | PLACE OF INJURY (A | T HOME, FARM, STREET, F FFICE BUILDING, ETC. | ACTORY.) 21f. LOCATION | | | ity or Town | | County | State |
| TO HOSPITAL OR ATTENDING Page 4 may be retained by the TO FUNERAL DIRECTOR: After 1 director, page 3 should be dishauld be filed with the State | | | that (I) (thi deceosed al tated above | s hospital) atten ive on ,(I) (we)(did)(d | id not view the | sed fram 1969, and thote bady after death. | , 19 in (my) (our) o | ppinion deot | may occurred on | , 19_ the do | 67, that te and hour o | (l) (we) last and from the |
| D HOSPITAL OR ATTENE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the | | 22b. SIGNATURE 22d. PHYSICIAN'S | 24 | Bufol | no m | | ATTENDING PHYS. 2e. ADDRESS | MED. DIRECTOR | STAFF PHYS. |] 22c. 1 | DATE SIGNED | 9 |
| OSPITA e 4 ma JNERAL ctar, p | 220 | NAME (Type) | R.C. | 130 FA | 1 NO | CEMETERY OR CREMA | 1429 6 | low. | Blud TION (City or Tov | w | · · · · · · · · · · · · · · · · · · · | (54-4-) |
| TO H Page TO FL dire | 1 | REMOVAL (Specify | 5- | 20-69 | | view Ceme | tery | Gore D BY REGISTRAR | , Freder | rick | Co, Va | (Stote) |
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94 10 Transfer merchant angular designed and the same and the s Francis of the starting to be start and the start of the ELECTRICAL PROPERTY OF THE PRO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07223 CERTIFICATE OF DEATH 07219 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) write RURAL and give nearest town) Bethesda Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Washington Sanitarium and Hospital 5117 Wickett Terrace YES NO X 3. NAME OF Middle ₹ First 4. DATE Month tompletely DECEASED ARNOLD EDWIN SILVERMAN (Type or print) remave car DEATH requires that the death certificate be executed S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** birthdoy) Days Haurs 12/17/20 Male White WIDOWED DIVOR CED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? WASH Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, Harry Sam Silverman Jennie Gittleman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wickett Terrace (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Ida Silverman WW 2 Bethesda, Marylano 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: OONSET AND DEAD IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) **DIRECTOR:** After 21. I certify that (1) (this baseited) attended the deceased from 5/3/ 1966 to 19 69, and that death accurred at 11:35 M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS TO FUNERAL 4201 - COMM. AVE n.W. D.C. 20008 directar, shauld b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore National Cemetery May 5. 1969 Baltimore, Maryland 24. FUNERAL DIRECTOR Donald M. Stein 2So. REC'D BY REGISTRAR Hebrew Memorial Funeral Home st., N. W. Wash., D.

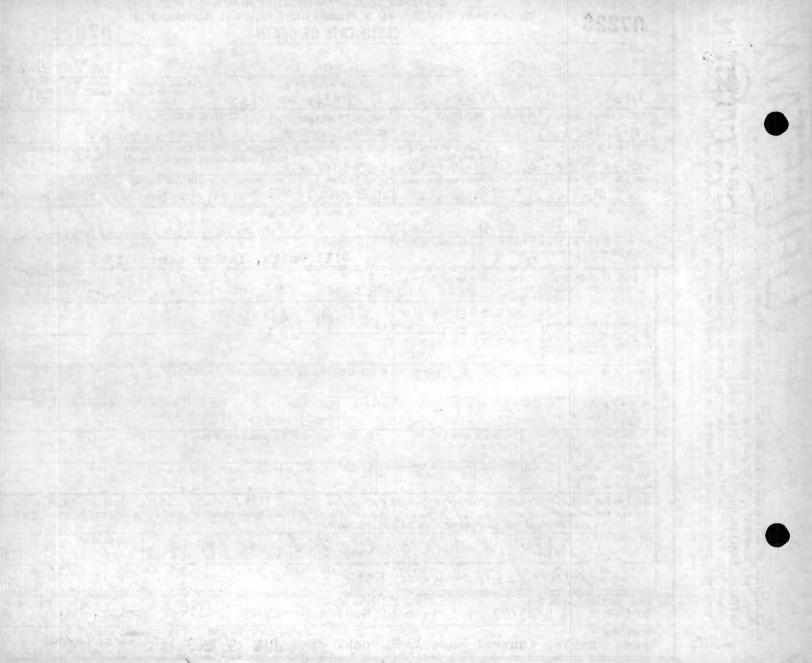
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| | | | | | | ERTIFIC | | DEATH | | | _(| 17221 |) |
| | | (pe or print) | rst | | Middle | | Lost | | 2o. DATE OF | | Dov | Yenz | 2b. HOUR I |
| | | Dia | | | Kay | | Smith | | | Month May | 10 | 1969 | 11:31 |
| | 3. SE: | (| 4. RAC | Œ. | | | S. DATE OF B | | | 6. AGE (In years lost birthdoy) | M. | ONTHS DAYS | IF UNDER 24 HRS. |
| | | Female | | hite | | | 16 Ju | ly 1954 | | 14 | YRS. | DATS | MIM CAOOK |
| 1 | 7o. B | IRTHPLACE (Stote or foreign | 7b. CITIZE | en of What | COUNTRY? | 8. MARRIED | NEVER MA | RRIED X 9. | COUNTY OF | DEATH | | | |
| | COUL | Indiana | US | A | | WIDOWED | DIVO | ORCED | Mon | tgomery | | | Md. |
| | 10. C | TY OR TOWN OF DEATH | | 11. NAME | OF HOSPITAL OR INS | TITUTION (If no | t in hospitol | 12o. USUAL | | (Kind of work do | | 12b. KIND OF E | SUSINESS OR |
| 6 | | Bethesda | | The C | et oddress) Clinical | Center | . NIH | Stu | dent | life, even if retire | ed.) | INDUSTRY | |
| 7 | 130. | USUAL RESIDENCE (Where dec | eosed lived, i | if institution: | Residence before | 13c. CITY OR | TOWN | 13d. INSIDE CITY LIMIT | 57 13e. STI | REET AND NUMBER | | | |
| | odmi | ssion) STATE Indian | 3, 136. (| OUNTY | | Fremo | nt | YES NO | X F | Route #1 | | | |
| I | | ATHER'S NAME First | | Middle | Lost | 15. | MOTHER'S M | MAIDEN NAME First | | Middl | е | | Lost |
| | | Don | | L. | Smith | | | Ver | a | | | Newbe | uer |
| 1 | 160. | WAS DECEASED EVER IN U.S. | ARMED FORCE | 5? [16] | b. SOCIAL SECURITY N | IO. 17. IN | FORMANT 1 | The Medi | | cord Addres | 22 | | |
| | T | es, no, or unknown) (If yes g | ve war or dates or | service) | None | | | nical Ce | | | | sda, Ma | ryland |
| f | | 18. CAUSE OF DEATH (Enter | only one cou | se per line f | or (o), (b), ond (c). | | | | | | | APPROXIM | ATE INTERVAL ISET AND DEATH |
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| | | Conditions, if ony, which go | /e) | | eumonia, | sensis | | | | | | days | |
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| | | lost. | <u>'</u>) | (c) | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING | G TO DEATH BUT NO | T RELATED TO | THE TERMINA | AL DISEASE OR COM | IDITION GIVEN | N IN PART 1(o) | | | |
| П | _ | Acute My | | | | | | | | | | | |
| 1 | ATION A | 19o. DATE OF OPERATION I | b. CONDITION | FOR WHICH | OPERATION WAS PE | RFORMED | 20o. AUT | OPSY? | 20b. IF | YES, WERE FINDIN | IGS CON | ISIDERED IN CE | RTIFYING |
| 4 | CERTIFICATION | | | | | | YES EX | NO 🗆 | CAUSES | OF DEATH? | Yes | s | |
| 1 | | 210. ACCIDENT WAS UNDER | | . TIME OF IN. | JURY | 21c. HO | W INJURY OC | CURRED (Enter n | oture of injur | y in Port 1 or Por | rt 2, Ite | m 18.) | |
| | | OR CONTRIBUTING CAUSE OF (If either, notify medical exc | | UR A.M. A P.M. | Nonth Doy Yeor | | | | | | | , | |
| 1 | | 21d. INJURY OCCURRED | 1e. PLACE OF | | HOME, FARM, STREET, FAC ICE BUILDING, ETC. | | CATION Stre | et or R.F.D. No. | City | or Town | | County | Stote |
| ı | | While Not while ot work | | OFF | ICE BUILDING, ETC. | 1 | | | | | | | |
| Я | | 22a. I certify that Ask | this hospit | tal) attend | ed the decease | d fram | 14 Apr | 11, 1969 | , ta1 | O May | 19.6 | 9 that | XX (we) last |
| 4 | | 22a. I certify that (s) saw the deceased | alive an_ | 10 Ms | y1 | 9.69, and | that in 1 | (our) opini | an death o | occurred on the | e dote | ond hour o | nd from the |
| | | causes stated ab | ve, to (we | e) (did) (db | view the | oady after d | eath. | | | | | | |
| | | 22b. SIGNATURE | 0 | 1/ | 1 | | ATTENDI PHYS. | ING MED | | STAFF - | | TE SIGNED | |
| | | (M | re. | 2/10 | serbar | DEGRE | | | CTOR - | STAFF PHYS. | 11 | May 19 | 69 |
| 1 | L | 22d. PHYSICIAN'S NAME (Type) Che | nlos D | aconh | aum, M.D. | | 22e. ADI | DRESS The | Clinic | al Cente | er, | Nation | al |
| | , | 0116 | | osenos | | | | titutes | | | Lnes | | |
| | 230. | 051101111 10 11 1 | b. DATE | 1040 | 23c. NAME OF | | | | 23d. LOCATIO | N (City or Town) | | (County) | (Stote) |
| 1 | 0.4 | | lay 14 | 1969 | Lakes | ide Cer | metery | DEC DECID BY | DECIETO AD | Steube | n C | o. In | diana |
| | 24. | UNERAL DIRECTOR | dh 13 | un | er ADDRESS | | | 2So. REC'D BY | | 2Sb. REGISTR | | | |
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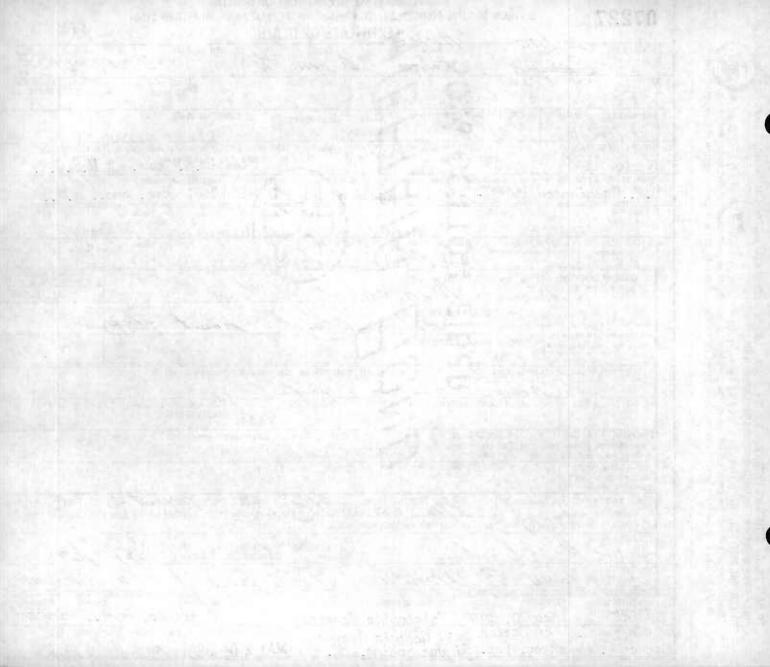
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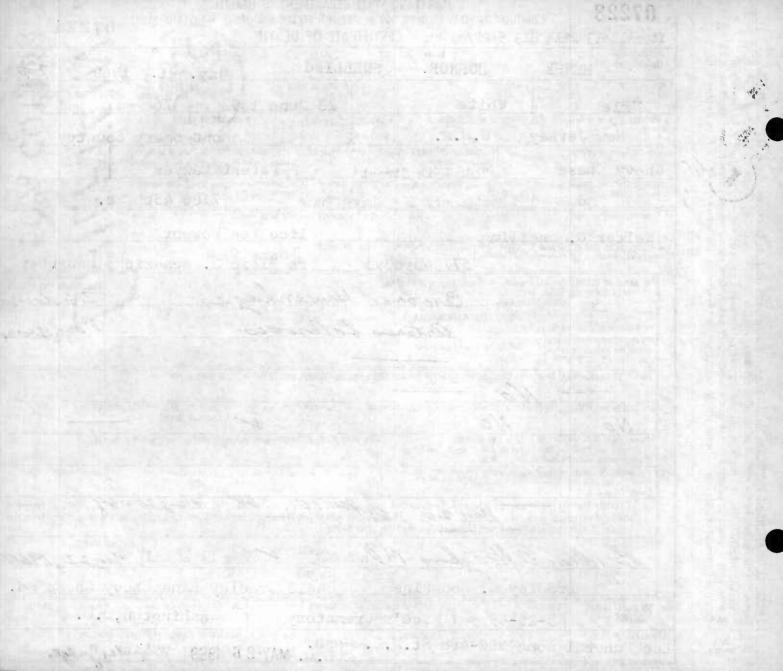
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| | | | | D STATE DEPART | | | |
|---------------|------------------------------------|---|---|-----------------------------|----------------------------------|--|---|
| | 07226 | DIVISION | OF VITAL RECORDS, | | | RE, MARYLAND 2120 | 07000 |
| L | | | | ERTIFICATE O | | | 07222 |
| 1. | DECEASED-NAME (Type ar print) | Robert | Middle | 5 m | £ 20. | DATE OF DEATH Manth | Day 20 Year 69 636 |
| 3 | SEX | 4. RACE | Louis | S. DATE O | F RIPTH | 6. AGE (In years | |
| | MALE | | NEGRO | | 1 20 1969 | last birthday) | YRS. MONTHS DAYS HOURS MIN. |
| 70 | . BIRTHPLACE (State or | fareign 7b. CITIZEN | OF WHAT COUNTRY? | 8. MARRIED NEVER | | UNTY OF DEATH | |
| CC | Mary a. | nd U | S | | IVORCED [| MONTGON | nery M |
| 10 | CITY OR TOWN OF DEA | ТН | 11. NAME OF HOSPITAL OR INS | TITUTION (If not in haspite | | UPATION (Kind of work do working life, even if retire | one 126. KIND OF BUSINESS OR |
| 12 | Silver S | | give street address) GRO | | n/ | | |
| | missian) STATE | 13b. COU | nstitution: Residence before | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? YES NO | 130. STREET AND NUMBER | |
| 14 | . FATHER'S NAME | 1100 | ddle Last | IS. MOTHER'S | S MAIDEN NAME First | Middle | |
| | F | Bill W | illie Smi | | DoRoi | hy Thelm | a Hysan |
| 10 | a. WAS DECEASED EVER | IN U.S. ARMED FORCES? | 16b. SOCIAL SECURITY N | IO. 17. INFORMANT | | Addres | ss |
| | Yes, na, ar unknawn) | fit kes dive mot or goles of self | one) | Bill | Smith, fa | ther same # | |
| | 18. CAUSE OF DEAT | TH (Enter anly ane cause WAS CAUSED BY: | per line for (a), (b), and (c). | | 20 1 | tra V | APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH |
| Г | PAKI I, DEAIH | IMMEDIATE CAUSE (a) | 1000 My | 0000 | 00 | No Ma | 1043 /- 1ts |
| L | 1/62 | | , OR AS A CONSEQUENCE OF | A ch | - the | | |
| L | Canditions, if any, w | cause (a), (b |) Herr | 200 | | | |
| E | stating the underly | ing coose |), OR AS A CONSEQUENCE OF | | 0 | | TEMPORE STATE |
| L | _ | (c | TRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERM | TIDORO RESEASE OR CONDIT | ION GIVEN IN PART 1(a) | |
| | | | | | | (4) | |
| CEDTIESCATION | 190. DATE OF OPERATI | ON 19b. CONDITION FO | OR WHICH OPERATION WAS PER | RFORMED 20a. A | UTOPSY? | | IGS CONSIDERED IN CERTIFYING |
| TIES | Non | | 10 an | YES | | CAUSES OF DEATH? | |
| | | | IME OF INJURY A.M. Manth Day Year | 21c. HOW INJURY | OCCURRED (Enter natur | re of injury in Part 1 ar Par | rt 2, Item 18.) |
| AMEDICAL | (If either, natify me | dical examiner) | P.M. 19 | | | | |
| 4.8 | 21d. INJURY OCCURE While Not while | RED 21e. PLACE OF IN | JURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | TORY,) 21f. LOCATION S | Street ar R.F.D. Na. | City or Tawn | Caunty State |
| | at work at wark | |) ottended the deceose | d from 5/7 = | cel 1967 | to 1.70 | 19_65, that (We) los |
| r | sow the de | ceosed olive on | 5/20 | 9 57, and that in | | | e date and hour and from the |
| ١ | | red abave, (H) (we) | (did) (did not) view the l | oady after death. | 4 | | |
| 1 | 22b. SIGNATURE | anley | L. Plus | whole with | NOING MED. | C STAFF | 22c. DATE SIGNED 2 /57 |
| | 22d. PHYSICIAN'S | Cran 1 d | 9 1 0 2013 | DEGREE PHYS | ADDRESS 2 2/C | OR LI PHYS. LI | F10(+11 0) |
| | NAME (Type) | OTANLE | -4 -BC01 | TENTIFAT | 247 | V 814V | EN SPRIKE |
| 23 | a. BURIAL, CREMATION, | 23b. DATE | 23c. NAME OF | CEMETERY OR CREMATOR | Y 23d | LOCATION (City or Town) | ring, Md. (State)/4 |
| L | BEWONALE STREETY) | 5/29/69 | | of Heaven | | | |
| 24 | Tyson Whe | eler Fune | ral Home 133 | l Rock. Pi | 250. REC'D BY REG | | PAR'S SIGNATURE |
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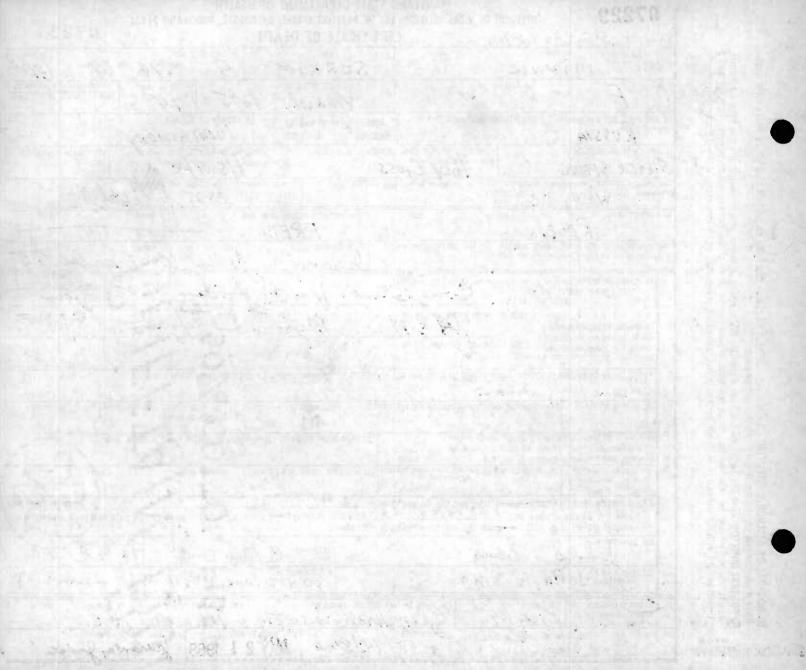


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| 1 | | | 07227 | DIVISION OF VITAL RECORDS | | | MARYLAND 21201 | 072 | 93 |
| 1 | and the same of th | | | la- Auga | CERTIFICATE OF I | DEATH | | 012 | 20 |
| | E NE | 1. D | ECEASED-NAME TIES | Middle | Last | 2a. D/ | ATE OF DEATH | | 2b. HOUR |
| | g PERS | (| (ype ar print) | the Elec | * ASm | co the | Month 5 Do | 14/7 Year/57 | 130 M |
| | 9 900 | 3. SI | v | 4. RACE | 5, DATE OF BIR | DTU | 4 ACE (In second | IF UNDER 1 YEAR | F UNOER 24 HRS. |
| | ifte of the | 3. 3 | ^ _ | | | 186 | 6. AGE (In years last birthday) | | HOURS MIN. |
| | TS O | | remale | Caucasio | | 18-187 | 69 YRS. | | |
| | hours in by the irs. Page 2 hours | | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED MEVER MARE | RIED 9. COUN | TY OF DEATH | | |
| | e executed within 24 h and completely filled in remove carbon popers, n ony event, within 72 h | tud | N. DAKota | USA | WIDOWED DIVOR | CED 🗀 | Montgon | ree my | Md. |
| | nin 24 filled pope thin 7 | 10. | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR I | NSTITUTION (If not in/hospital | 12a. USUAL OCCUP | ATION (Kind of work dane | 12b, KIND OF BI | |
| | vithin 24 sly filled in poper within 72 | | Colaci - L | 9.10 3.100, 0.900, | IVERSONG NOME | during most of wo | orking life, everif retised.) | INDUSTRY | A |
| | couted with completely ove carbor / event, with the control of the country of the | 130 | LISTIAL PESIDENCE (Where dece | ised lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | I3e. STREET AND NUMBER | 0.0.9 | 0//0 |
| | omplet ve car event, | adm | sion STATE shing to | N 35. COUNTY | Washington | | 212.0 | ue. Nu | |
| | 2 × × × | | | | | | | ve., IV.W | * 7 |
| | ond and a series of a series o | 14. | FATHER'S NAME First | Middle Last | 15. MOTHER'S MA | IDEN NAME First | Middle | | Last |
| | n certificote by any sixten please emovol, ond i | | Itndre | ow Ohr | nev | Wilher | iera | Rossean | |
| | | | WAS DECEASED EVER IN U.S. AR | | NO. 17. INFORMANT | | Address | 3601 Com | Aug NIW |
| | | | 'es, na, ar unknawn) (If yes give | war or dates of service) 471-18-7 | 477 Day | ighter-1 | eslie Thom | SOL | 11/1/1010 |
| | | | | -1 | 11 | 3 | | APPROXIMA | |
| | | | 18. CAUSE OF DEATH (Enter of | nly ane cause per line far (a), (b), and (| 1) / / | /- / | | BETWEEN ONS | T ANO GEATH |
| | attendi permit. | | IMMED | TATE CAUSE (a) | Cardia/ | 121100c | 2 | | |
| | ath on, | | 4123 | DUE TO, OR AS A CONSEQUENCE O | 1 - // | / / | / / / | | |
| | t the sit p | | Canditians, if any, which gave | (b) 174 | 01,050 /000 | sie h | cont Wis | 2500 | |
| | hat n. yy t ons | | rise ta immediate cause (a), stating the underlying cause | DUE TO OR AC A CONCEDURATION OF | | | | | 0.17/0 |
| | d b d b d b d b d b d b d b d b d b d b | | last. | (c) | | | | | |
| n | N: The low requires that to or ottending physician. The has been signed by the ruse as the buriol-tronsit salth prior to buriol, creman | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO DEATH BUT | NOT DELATED TO THE TERMINAL | DISEASE OF CONDITION | CIVEN IN DART 1(a) | | |
| 117 | sic sic policy | | TAKE 2. OTHER SIGNIFICANT CO | Commons commons to bear but | NOT RECUIED TO THE TERMINAL | DISEASE ON COMDITION | OIVER IN TAKE I(U) | | |
| 3 | | NO | (., | pronec 2/20 | Nor mylod | Ti- | | | |
| 11 | s b b cor | 3 | 19a. DATE OF OPERATION 19b | CONDITION FOR WHICH OPERATION WAS I | ERFORMED 20a. AUTOF | | 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? | CONSIDERED IN CER | TIFYING |
| 1/ | the start | CERTIFICATION | | | YES 🔲 | NO 🗌 | CAUSES OF DEATH? | | |
| | OR ATTENDING PHYSICIAN: The low repertained by the hospital or ottending the retained by the hospital or ottending and Table of a should be detached far use as the ed with the State Dept. of Health prior to | | 21a. ACCIDENT WAS UNDERLYI | NG 21b. TIME OF INJURY | 21c. HOW INJURY OCCU | URRED (Enter nature o | of injury in Part 1 ar Part 2, | . Item 18.) | |
| | 大 草 売むま | ₹ Ş | or contributing cause of or (If either, natify medical exam | ATH HOUR A.M. Manth Day Yea | r 19 | | | | |
| | G PHYSICI the hospit this certif detached te Dept. of | MEDICAL | | PLACE OF INJURY (AT HOME, FARM, STREET, I | | t or PED No | City or Town | County | State |
| | he h | | While Nat while at wark | OFFICE BUILDING, ETC. | ACTORY,) 21f. LOCATION Street | I di K.I.D. IId. | city of rowit | caomy | Jidie |
| | G the part of the contract of | | at wark at wark | | | | | | |
| | DING d by t After d be e State | | 22a. I certify that (1) (1) | his haspital) attended the decea alive an | sed from 3/10 | 5, 1968, to | o pres | 69, that | (we) last |
| | ed ed he he | | saw the deceased | alive an 3 | 1962, and thorin my | y) (aur) apinian de | eath accurred an the d | ate and haur a | nd tram the |
| | ATTENI etained CTOR: A should ith the | | | re(II) (we) (ala) (ala har) view ini | e baay after death. | | | | |
| | ECI Will Will | 1 | 22b. SIGNATURE | /// | ATTENDIN | G MED. | C STAFF C | DATE SIGNED | |
| | be be be | | Dturs. | annon | DEGREE PHYS. | DIRECTOR | LI PHYS. LI S | 117/69 | |
| | A STATE OF S | | 22d PHYSICIAN'S | 11 - 7 1/2.11 | 22e. ADDR | RESS | 6. / | V'N | Re. |
| | TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifica director, page 3 should be detached far should be filed with the State Dept. of He | | NAME (Type) OH | N D. UMAI | 14 08 | 03 (on | 1. MUE. 14 | ty (Miss | 0/41 |
| | UN Bette | 23a | BURIAL, CREMATION, 23b. | DATE 23c. NAME O | CEMETERY OR CREMATORY | 23d. 1 | OCATION (City or Town) | (Caunty) | (State) |
| | Page Page | 1/4 | REMOVAL (Specify) | | ville Cemeter | 0 | 4 4 4 4 44 | | ryland |
| | 1/11 | 1700 | FUNERAL DIRECTOR GLO | on Cartar and AADRE | S. a cemerent | 2Sa. REC'D BY REGISTI | / | - / | |
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07229 MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07225 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH death. 2b. HOUR, : hours after death and (Type or print) SORKIN MINNIC Day Pages / 3. SEX 4 RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF UNOER 24 HRS. MONTHS OAYS HOURS March 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. .⊑ MONTGOMERY USA WIDOWED DIVORCED [24 campletely filled within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION TKind of work done executed within 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) remove carban INDUSTRY event. 130. USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗔 NO and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last pe please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMAN Address Yes, no. or unknown) (If yes give wor or dates of service) burial, crematian, ar remayal. 840 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS/A CONSEQUENCE OF stating the underlying couse. PART, 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to attending has been 19a. DATE OF OPERATION 59b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OS CAUSES OF DEATH? far use Health YES [NO [certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INIURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year After this certific be detached for State Dept. af H (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed from 2 m/m, 1967, ta 16 m/m, 1967, that (I) (we) lost saw the deceased alive an 16 m/m 4 y 19 69, and that in (my) (ear) apinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: After be retained directar, page 3 should shauld be filed with the causes stoted obove, (I) (we) (did nat) view the body after death. 22b. SIGNATORE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23g BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (County) (State) REMOVAL (Specify) emeters 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REED BY REGISTRAR VR A15 (4) 30M REV. 1/68



| | | MARYLAND STATE DEPARTMENT OF HEALTH |
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| | 2 | 07230 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| | | THE COUNTY OF BEATU |
| | . 2 . | DECEMBED WHILE |
| | at a da at | ZO. DATE OF DEATH |
| | de de | Charles (None) Drankeino May 24 191911 - Al |
| | fer fer | SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. |
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| | on and one | O. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO 19 COUNTY OF DEATH |
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| | hin 24 hours after deoth. filled in by the funeral papers. Fages 1 and 2 thin 72 hours after death. | D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work one 12h KIND OF RUSINESS OP |
| | be executed within 24 hours after death and completely filled in by the funeral eremove corban papers. Fages I and I in any event, within 72 hours after death | Takona Park Washington Sant Hose. during most of worms life, even if retired.) INDUSTRY |
| | omplete | 3a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER |
| | comple cove cove cove cove cove cove cove cov | dmission) STATE yeland 13b. COUNTY montgomery Bettsville YES NO 3502 Stone hall Drive |
| | and company even any even | 4. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost |
| | physician. physician. signed by the attending physician and chariel-tronsit permit. Then please-remoburial, cremation, or remaval, and in any | Anthony Source South |
| | ate be seen ond i | 60. WAS DECEASED EVER IN U.S. ARMAD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT |
| | requires that the death certificate g physician. signed by the attending physician burial-tronsit permit. Then pleas burial, cremation, or remaval, one | Yes, no, or unknown) (If yes give war or dates of service) 517-03-9834 PT's Chart |
| | Ther Ther | 18 CAUSE OF DEATH (Enter only one cause are time for (a) (b) and (d)) |
| | t din t | PART I. DEATH WAS CAUSED BY: |
| | attending permit. Th | IMMEDIATE CAUSE (0) Conglished Pelare Talline |
| | the a sit be nation | Conditions, if ony, which gave) DUE TO, OR BE A CONSEQUENCE OF Myocaldial Infarction 10 days |
| \times | y th y th y sinsi | rise to immediate couse (a), |
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| | tending s been os the prior to | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING |
| | he hospital or ottending this certificate has been tetrached for use os the Bopt. of Health prior to | 200. AUTO 31: |
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| | HYSICIAI hospital certifice ched for pt. of He | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INITIDY OCCUPPED 21a PLACE OF INITIDY CATHOMS FARM SUPER FACTORY VICENTIAN CONTRIBUTION CONTRIBU |
| | G PHYSIC the hospit this certi detached e Dept. of | 21d. INJURY OCCURRED While Not while |
| | the del | at work of work |
| | by the three the be de State I | 22a. I certify that (1) this hospital) attended the deceased from 5 - 14, 1969, ta 5 - 34, 1969, that (1) (we) las saw the deceased alive an 3/3/4 1969, and that in (my) (our) apinian death occurred on the date and hour and from the |
| | retained by the ECTOR: After the Should be de with the State | saw the deceased alive an 3/3/4 1967, and that If(my) (our) apinian death occurred on the date orld hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. |
| | ATT of share | 22b. SIGNAPURE) / (2c. DATE SIGNED / |
| | OR ATTENI be retained DIRECTOR: A je 3 should ed with the | DEGREE PHYS. ATTENDING MED. STAFF DIRECTOR PHYS. D 5 134/69 |
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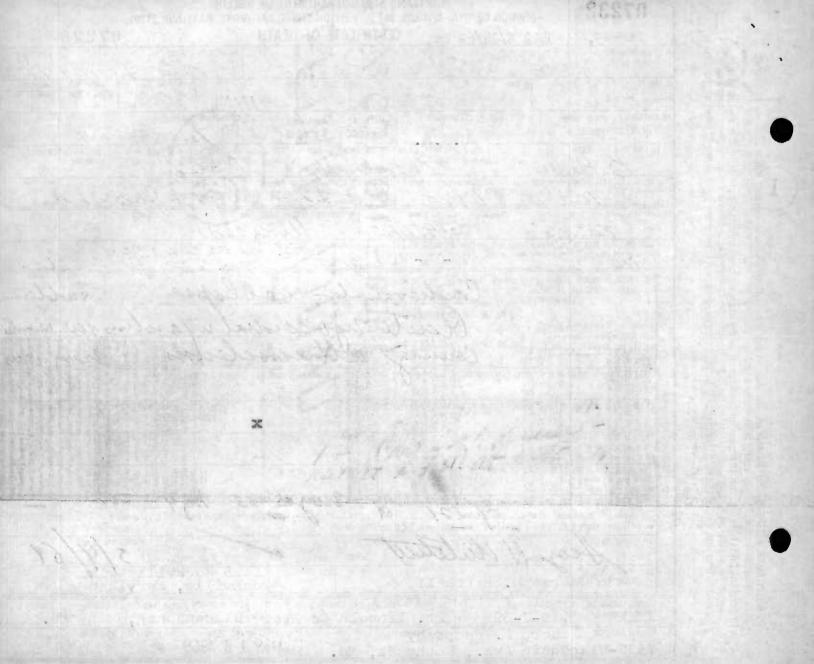
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07227 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR death. that the death certificate be executed-within 24 haurs after death Rages and a (Type or print) **ABRAHAM** SPIWAK Months Doy 12 Year 69 7P 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last by Hydoy) 03/20/82 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Peland filled in USA Montgomery WIDOWE DIVORCED [within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) HelvCressHsp. during most of working life, even if retired.)

Tailor INDUSTRY attending physician and campletely to sermit. Then please remaye carban SilverSpring director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye cark shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any èvent, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTMontg. YES 5721GresvenerLe SS.Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Spiwak Fannie Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 708 dd River Spring, Md. Yes, no. or unknown) I [If yes give war or dates of service] Spiwak, Harry son. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Shorefield Rd. Wheaton. Md. NAME (Type) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL Specity) Elesavetgrad Cemetery Washington, Beinard Danzansky & Sons Washington DC 25b. REGISTRAR'S SIGNATURE VR A15 [4] 30M REV. 1/68

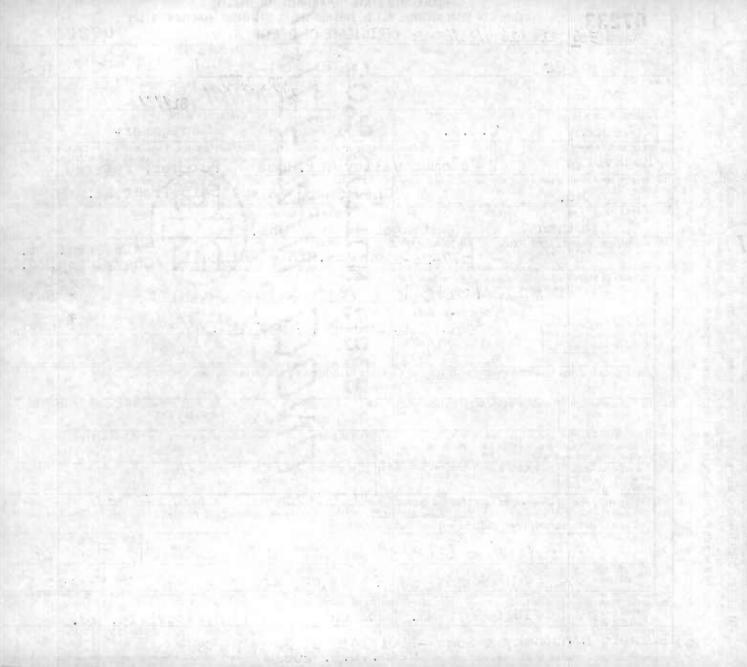
MARYLAND STATE DEPARTMENT OF HEALTH

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| 24. FUNERAL DIRECTOR ROBERT A. PITTO PARAGES 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | | by the fifer be constant | 133 | | 22o. I certify that (1) (thi | s haspital) attended the deced | sed from May 19 | 13, to May 4, 196 | 7_, that (I) (wo) last |
| 24. FUNERAL DIRECTOR ROBERT A. PITTO PARAGES 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | 11.4 | R: A | 1.7 | | saw the deceased all | (l) (we) (did) (did not) view th | e bady after death. | inton death accourred on the dote | and hour and fram the |
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| 24. FUNERAL DIRECTOR ROBERT A. PITTO PARAGES 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | | HOS Age 4 FUN FUN FUN | | | | | | | |
| 24. FUNERAL DIRECTOR RODEL A. FUILID LEGITARS STANDARD 200. RECORDINARY STANDARD CO. RECORDINARY | | 5 5 5 S | | | | | | | |
| 45M. 7557-Wisconsin Ave., Bethesda, Md. DATEMAY 1 2 1969 | | VR A13 | (45) | 24. | | | | 1 2 1969 RESISTRATES 3 | es younge |



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| V \ | AN Parallel | MEDICAL CERTI | 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination) | H HOUR A.M. Month Doy Yea | 21c. HOW | INJURY OCCURRED (Enter no | ture of injury in Port 1 or Port 2 | ?, Item 18.) | |
| | PH le h his etac Deg | ME | 21d. INJURY OCCURRED While Not while of work | PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC. | ACTORY.) 21f. LOCA | TION Street or R.F.D. No. | City or Town | County | Stote |
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| | TO HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 shauld be filed | | 22d. PHYSICIAN'S NAME (Type) SANLE | EY W. KIRSTEIN | 1, M.). | 22e. ADDRESS 54/0 CONN | AVE. NW. & | Da. 20 | 015 |
| | TO HO Page TO FUT direct | 230. | BURIAL, CREMATION, 23b. I REMOVAL (Specify) 5, | 0/16/69 23c. NAME O Mt. | r CEMETERY OR CR Lebano | 1 | 3d. LOCATION (City or Town) Hyattsville | (County) | (Stote) |
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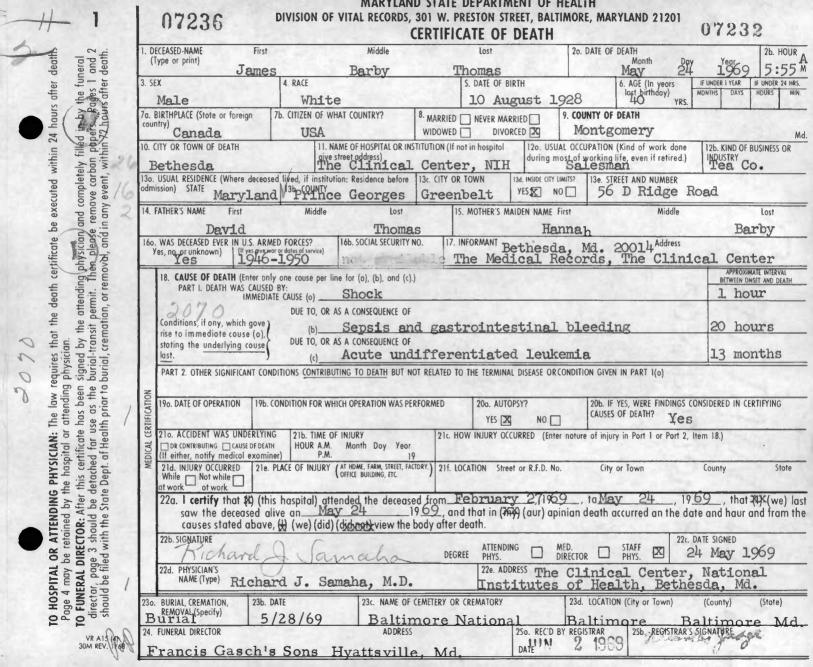


| -/ | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
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| 4. | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 07230 |
| | | 07234 CERTIFICATE OF DEATH | |
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| corted v care cart, | odm | mission) STATE MARYLAND 36. COUNTY OWTGOMERY STLVER SPRING YES V NO 2015 EAST A | VEST HEAVY |
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| ertificate b physician en please aval, and i | 160 | o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address | |
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| with the din | NO. | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDING | C. CONGIDENCE AND SERVICE |
| The law renated attending I has been see as the the priar tab. | I.S. | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDING CAUSES OF DEATH? | S CONSIDERED IN CERTIFYING |
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| R ATTENDING PHYSICIAN: The law reretained by the haspital ar attending EECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta | S | | County State |
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| in All | 10 | 220. I certify that (I) (this hospital) attended the deceased from Dec , 1968, to may z , saw the deceased alive on 1969, and that in (my) (com) opinion death occurred on the | dote and hour and from the |
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| may RAL I pag | | PHYSICIAN'S NAME (Type) Simon C. Weiner 801-16 - St. Silver - | - 4-9 |
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| O HOSPI Page 4 n O FUNER director, shauld b | 230. | D. BURIAL, (REMATION, PRINCIPLE) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) | (County) (Stote) |
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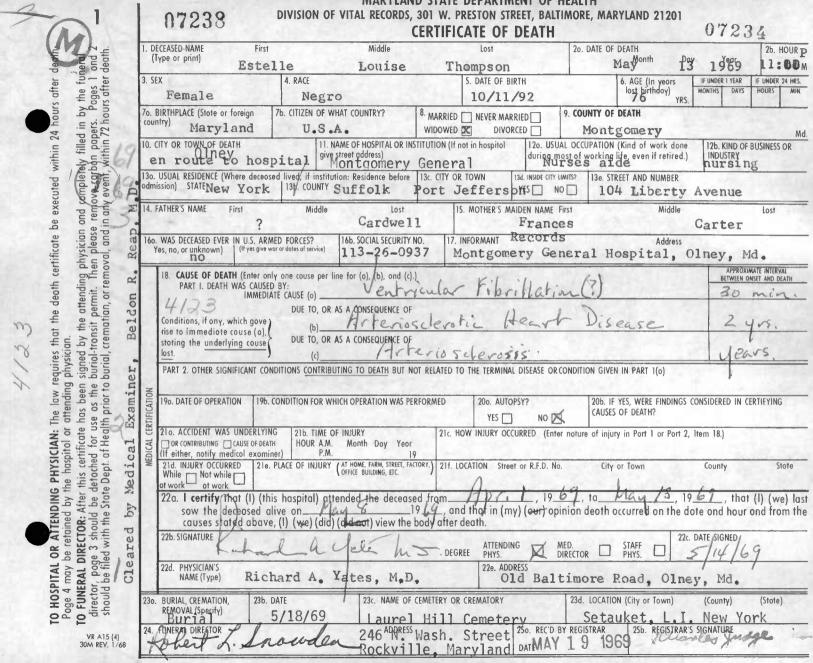
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MARYLAND STATE DEPARTMENT OF HEALTH 07235 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07231 DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR (Ives esect) 5 Month ERNEST AVERY Swingle 6 Geor 4. RACE haurs after 3 5FX 5. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS last birthday) HOURS 20/1890 CAUS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WASH. DC. . by the attending physician and campletely fittled in transit permit. Then please remave carban papers. crematian, ar remaval, and in any event, within 72 h. 11 SA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if rewed. WHEATON MD ARCOLA AVE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES 🗍 NO 7 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Hodakins Morgan Sarah Averu Swinale 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Jakoma Park Yes, no, ovunknown) (If yes give war or dates of service) Alice H. Swingle 8308 Flowers Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF (b) covaes rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEFINIAL DISEASE OR CONDITION GIVEN IN PART LICY. **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work O HOSPITAL OR ATTENDING Page 4 may be retained by th 220. I certify that (1)/(this hospital) attended the deceased from sow the deceased alive on 3 Auren 19 6 9 and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) My 0,5 23b. DATE 23d. LOCATION (City or Town) Washington. 23o. BURIAL CREMATION (Stote) Rock Creek Cemetery 1969 2So. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 8434 Georgia Avenue MAY 1969 Warner E. Pumphrey.

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| that the death certificate be executed within 24 haurs after death. an. by the attending physician and completely filled in by the transit permit. Then please remaye carbon papers. Pages 1 and 2 transit ar remayal, and thrany event, within 72 hours after death. | 10. | ity or town of death | 11. NAME OF HOSPITAL OR INS | ITIUTION (If not in hospitol | during most of working | N (Kind of work done in glife, even if retired.) | LAB. KIND OF BUSINESS OR INDUSTRY |
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| eve eve | aam | ission) STATE Maryla | Prince George | Laurel | YES NO 11 | 714 Pumpkin | Hill Dr. |
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| NG the ter tate date | | 22o. I certify that (1) (| his hospital) attended the deceose | d fram 5/16 | , 19 <u>69</u> , to_ | 5/13 , 19 | (9, that (1) (we) last |
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| ATT ATT Share etair | | 22b. SIGNATURE | NORO | MIDI ATTENDIN | Carlotte and Carlotte | 22c. D. | ATE SIGNED |
| OR DIRE | | Melon | vistazou | DEGREE PHYS. | DIRECTOR | | 18-69 |
| PITAL may ERAL FRAL Food | | 22d. PHYSICIAN'S NAME (Type) Me | yn P. Shaporo | 22e. ADDR | RESS 831 Univ | | pring, md. |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciantric page 3 shauld be detached for use as the burial-transit permit. Then physhauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, | 230 | | | cemetery or crematory of Heaven | 23d, LOCA Silv | TION (City or Town) er Spring, | (State) |
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em 18 Film 413 6-4-69amMAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07236 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOUR A Last 2g. DATE OF DEATH death. death (Type or print) MAY Grafton THORNTON 1969 Clvde 12:29 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS MONTHS HOURS Male Cauc 5 October 1905 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED T NEVER MARRIED 2 Montgomery TISA Arkansas WIDOWED [DIVORCED [be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital givestreet reddress to spital, Beth Md within 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR remove corbon during mast afremking life, even if retired.) INDUSTRY Bethesda 13a. USUAL RESIDENCE (Where deceased lived, Finstitution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Arkansas 13b. COUNTY YES X NO Box 344 McCrory ond in ony 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Thornton Tommy Willie Ferguson requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknawn) 1927-1947 burial, crematian, or removol, Flo Mae Thornton Box 344 McCrory 429-60-7034 Arkansas APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Metastatic Adenocarcimoma, probably prostate IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b Health prior to b 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🗀 NO X TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Poge 4 may be retained by the hospital or certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark TO FUNERAL DIRECTOR: After director, page 3 shauld be d 22a. I certify that XX(this hospital) attended the deceased from 19 April 1969, ta 24 May 19 69, and that in 1997 (our) opinion death occurred on the date and hour and from the sow the deceased olive on 24 May causes stated abaye? (1) (we) (did) (did not) view the bady after death. 22h. SIGNATURE 22c. DATE SIGNED R. D. GASKINS **ATTENDING** MED. DIRECTOR STAFF director, page 3 should be filed v DEGREE 24 May 1969 22d. PHYSICIAN'S 22e. ADDRESS GASKINS NAME (Type) Naval Hospital, Bethesda, Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) McCrory Woodman Cemetery, McCrory Arkansas 24. EINERAL DIRECTOR Funeral Home 1400 Chapten St. WDC 250. REC'D BY for release to Thompson & Wilson Funeral Home DATE MAY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

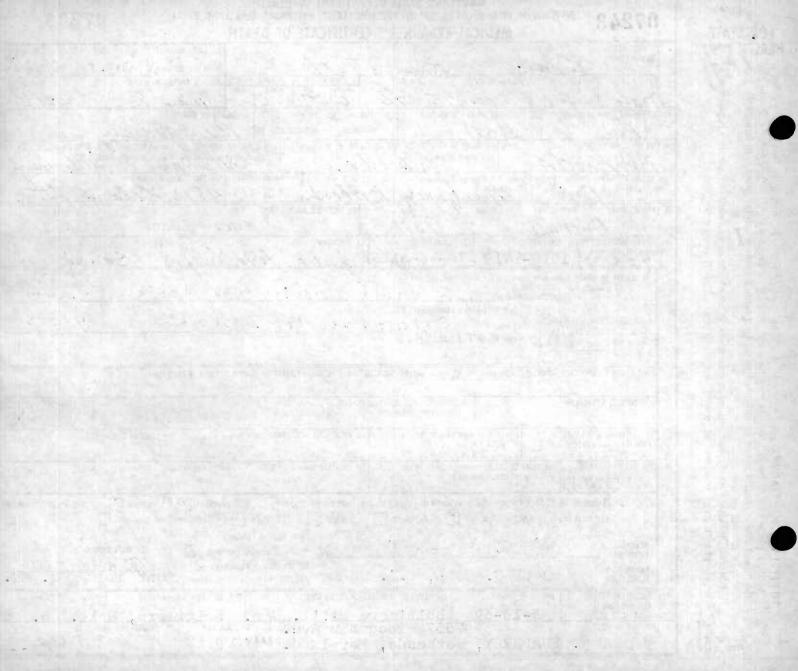
| | | 1 | MARYLAND STATE DEPARTMENT OF HEALTH |
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| 1 | fun | 3 | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN yeors I FUNDER 1 YEAR I IF UNDER 24 HR: |
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| | e e e | 0 | admission) STATE Md. 18b. COUNTY in the Georges Adelphi YES NO 9284 Adelphi Rd. |
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| | reto ECT est with | | 221. SIGNAFURE 22C. DATE SIGNED 69 |
| | OR be r | | J. J. Jack M. DDEGREE PHYS. L. DIRECTOR L. PHYS. L. S 20060 |
| | TAL TAL TAL Poor | 1 | 22d. Physician's name (Type George Sengstack, M.D. 9241 Columbia Blvd., Sil.Spr., Md. |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt | 1 | |
| | Africe Should should be sh | | 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVA (Specify) May 28 1969 Plint Hill. Oakton, Virginia |
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| | VR A15 (4) 30M REV. 1/6 | | Warner E. Pumphrey, Inc. 8434 Ga. Ave. Sil. Spg. DATUN 2 1969 generales Judge |
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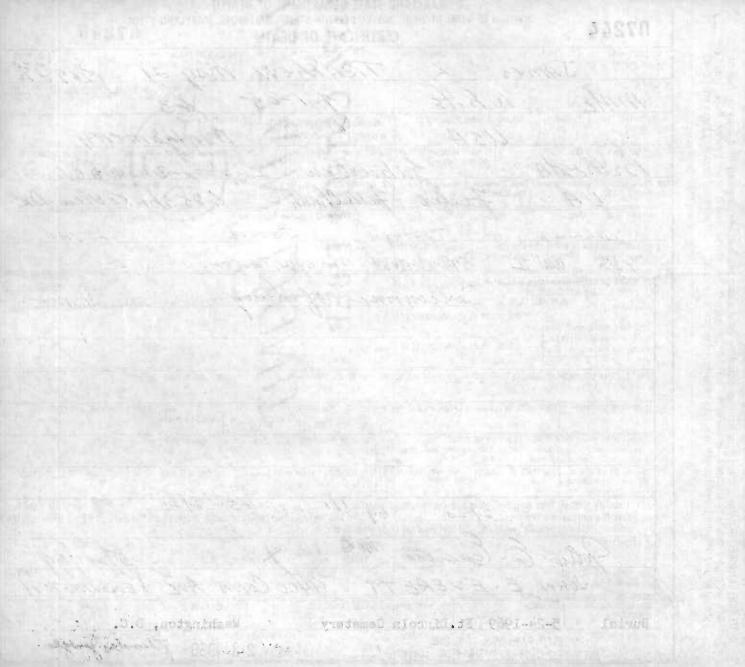
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| ecute ecute Poge or ye R: Pog al, c | 15 | 22a. I certify that I taak charge of the remains described above, held an Autor | psy , Inspection , Inquiry C | and in my apinian |
| Executor. Poged for CTOR: burial, | | death resulted fram: Natural causes 🔼, Accident 🗌, Suicide 🧻, | Hamicide Undetermined manner | |
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| pry, ple erol di be rete RAL Di prior | | SIONATORE | STANT MEDICAL EXAMINER 22b. DATE | |
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| ro DEPL necesso the fun 5 moy 70 FUNE Health | | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (Caunty) (State) |
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MAKTLAND STATE DEPAKIMENT OF HEALTH



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| The straing the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M. Month 19by 19b | ounty Stote 9, that (I) (we) last and hour ond fram the |
| YES NO CAUSES OF DEATH? | ounty Stote 9, that (i) (we) last and hour and fram the SIGNED A MORE INSTANCE. |
| Storing the underlying cause 15 15 15 15 15 15 15 1 | ounty Stote 9, that (i) (we) last and hour ond fram the signed of the store of the |



| | 07245 | | ND STATE DEPARTMENT OF, 301 W. PRESTON STREET, BA CERTIFICATE OF DEAT | ALTIMORE, MARYLAND 21201 | 07241 |
|---------------|--|---|--|---|---|
| | CEASED-NAME First (Pe ar print) | MAS THEODORE | TULIPANE | 2a. DATE OF DEATH Manth MAY 31 | 2b. HOUR |
| 3. SEX | | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR 1F UNDER 24 HRS |
| | MALE | CAUCASIAN | 28 JUN 20 | last birthday) 48 YRS. | morris oris noors nin |
| 7o. B | | b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED X NEVER MARRIED DIVORCED DIVORCED | 9. COUNTY OF DEATH | |
| BI | TY OR TOWN OF DEATH ETHESDA | give street address) | NSTITUTION (If not in hospital during | MONTGOMERY JSUAL OCCUPATION (Kind of work done g most of working life, even if retired.) REPI RED | 12b. KIND OF BUSINESS OR INDUSTRY |
| 13o. I | USUAL RESIDENCE (Where deceased | lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE C | | DR |
| 14. F/ | ATHER'S NAME First | Middle Lost | 15. MOTHER'S MAIDEN NAM | NE First Middle | Last |
| 1/ | DANIEL | TULIPA | | MARGARET | WALKER |
| 160. Y. | WAS DECEASED EVER IN U.S. ARME (If yes give war | or dates of service) 16b. SOCIAL SECURITY 051-16-0 | | | NANDALE, VA XONY DR |
| | 1B. CAUSE OF DEATH (Enter only | one cause per line for (a), (b), and (| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED | BY: CAUSE (a) Carcinoma | colon with multip | ole metastases | |
| | 1538 | DUE TO, OR AS A CONSEQUENCE O | F | | |
| | Conditions, if any, which gave | (b) | | | 1 |
| | rise to immediate cause (a), stating the underlying cause | DUE TO, OR AS A CONSEQUENCE O | - | | |
| | last. | (c) | | | |
| | PART 2. OTHER SIGNIFICANT COND | | NOT RELATED TO THE TERMINAL DISEASE | OR CONDITION GIVEN IN PART 1(a) | |
| CERTIFICATION | 19a. DATE OF OPERATION 19b. CC | NDITION FOR WHICH OPERATION WAS F | PERFORMED 20a. AUTOPSY? YES 1 NO | 20b. IF YES, WERE FINDINGS C | |
| DICAL | 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (If either, natify medical examine | HOUR A.M. Manth Doy Yea P.M. | 21c. HOW INJURY OCCURRED (E | inter nature of injury in Part 1 or Port 2, | Item 18.) |
| | 21d. INJURY OCCURRED 21e. Pl While Not while at work | ACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC. | ACTORY.) 21f. LOCATION Street or R.F.D. | No. City ar Town | County State |
| | 220. I certify that (A) (this saw the deceased aliveauses stated above, | haspital) ottended the decea ve an 31 MAY (V) (we) (did) (MAXIX) view the | sed fram_31_MAY, 1 .1969_, and that in (XXX) (our) body after death. | 9 <u>69</u> , to <u>31 MAY</u> , 19 opinian death occurred on the do | 69 , that (W) (we) lote ond hour ond from the |
| | | fen M.D. | DEGREE ATTENDING PHYS. | MED. STAFF 22c. 2 | June 1969 |
| | 22d. PHYSICIAN'S NAME (Type) D. I. | COLGAN, M.D. | 22e. ADDRESS Naval Hos | spital, Bethesda, M | Md. |
| 23a. | BURIAL, (REMATION, 23b. DA REMOVAL (Specify) 6 - 1 | 4-69 ARLI | F CEMETERY OR CREMATORY NGTON NATIONAL | 23d. LOCATION (City or Town) ARLINGTON, VIE | (Caunty) (State) |
| | UNERAL DIRECTOR FALLS CHURCH F | TRIB'D'A I WITH | s 1102 W. Broadso. REC Falls Church, p. 114 | D BY REGISTRAR 2Sb. REGISTRAR'S | SIGNATURE |

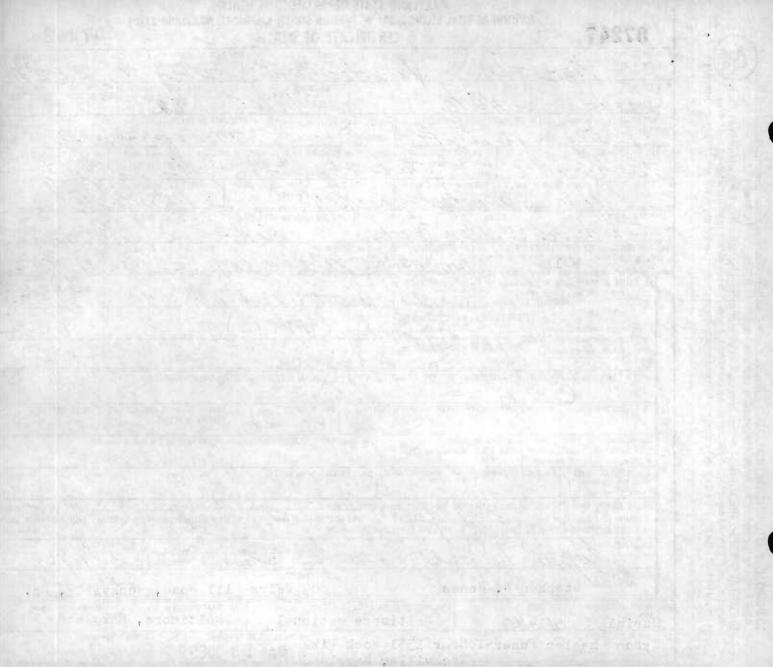
ASTRONO , DESCRIPTION OF THE PROPERTY OF THE PARTY AND RESIDENCE TO THE PROPERTY OF THE PARTY OF THE P

| 1 | Item 5 Film G 41 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
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| 16 | 7/1/69 11W 07246 CERTIFICATE OF DEATH 07242 |
| # - F | 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR |
| deatl and deatl | Howard H. Illones May 28, 1969 37 |
| hours after death T by the funeral Pages I and 2 hours after death | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGD (In years Funder 1 Year If UNDER 24 HRS. If |
| - Jrs C | 11/20 (1/20) 1 39 TKS. |
| 24 hours after death death of the funeral angles and way from some of the forms of the footh of | 76. BIRTHPLACE (Stote or foreign country) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED |
| filled filled | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KINV OF BUSINESS OR |
| within within within within | Bethe 3 d a give street oddress) The beer base during bost of warking life typen if retired.) INDUYLY |
| 18 / = 5 = 1 | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER |
| E & S & W | Mile, Mont, Co / 30 Husel 21 10 4 140 - 15 Had ley 15 ha |
| and rem | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost |
| ate b | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANY Address |
| equires that the death certificate be exemply signar. physician. signed by the attending physician and countrial-transit permit. Then please remo burial, cremation, or remaval, and in any | Yes, no, or unknown) (11 yes greened or date of service) Eanalumer wife-stand to a label |
| may rem | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| at the death cer the attending p nsit permit. The mation, or rema | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chremomatoria / your. |
| he death attendi | DUE TO, OR AS A CONSECUENCE OF |
| The matter of the state of the | Canditions, if any, which gave rise to immediate cause (a). (b) Curcuwwa of lung. |
| S created the state of the stat | stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF |
| requires that the physician. signed by the purial-transit a burial, cremati | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) |
| / - D = 0 0 / | |
| OR ATTENDING PHYSICIAN: The law re be retained by the haspital ar attending JOIRECTOR: After this certificate has been see 3 should be detached for use as the bed with the State Dept. of Health, priar to be with the State Dept. of Health, priar to be a see with the State Dept. | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| The state of the s | YES NO NO CAUSES OF DEATH? |
| for a day | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) |
| SSC Aspit | The litter armer, notity medical examiner) P.M. 19 |
| OR ATTENDING PHYSICIAN: The be retained by the haspital or of DIRECTOR: After this certificate has a should be detached for use ed with the State Dept. of Health | 21d. INJURY OCCURRED While Not while of work of work of work |
| to be to the dear the | 22a. Certify that (1) (this haspital) attended the deceased from 1960, 19, to present 19, that (1) (twe) last |
| END ed he She he She he She s | saw the deceased alive on 77 Way 1907, and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated abave (1) (we) (did) (did not) view the body after death. |
| ATTA ATTI | 22b. SIGNATURE (1) we (did) did half view lie body differ dediff. |
| OR De red w | Charles O. Telgan () MY) DEGREE ATTENDING DIRECTOR DIRECT |
| TAL AL C Pag pag e fill | 22d. PHYSICIAN'S NAME (Type) NAME (Type) OUT A DIE TO THE TOTAL |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Health | CHARLES E. REEGAN, JR. 0102 G. COO. |
| Page O Fu direct | 230. BURIAL, CAMANON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Gardner, Kansas (State) |
| | 24 FHOREY DIRECTOR A ADDRESS BELLIESCIA. ISLORE'D BY REGISTRAR 25h REGKERAR'S SIEMATION |
| VR A15 (4) 45M - 1/69 | Nobert a Temphon 7557-71/2 DATE IIIN 5 1969 |

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07243 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX 4 RACE S. DATE OF BIRTHA within 24 hours after 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS completely filled in by the factor corbon papers. Pages ast birth day) DAYS MONTHS remove corbon papers. Pag n ony event, within 72 hours YRS 7o. BIRTHPLACE (Stote or/foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED Melente WIDOWED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of 12b. KUND OF BUSINESS OR give street oddress) during most of working life The 5 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY_OR TOWN 13d. INSIDE CITY LUMITS? Je. STREET AND NUMBER executed 13b. COUNTY NO and in ony 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME ERST ano Middle that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) cremation, or removal, APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been signed director, page 3 should be detached for use as the burial-should be filed with the State Dept. of Health prior to burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT JUGT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be retoined by the hospital ar attending 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [X] 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Macco, 1956, to May 1969, that (I) (we) last saw the deceased alive an 1949, ond that in (my) (we) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Stephen N. Jones 809 Veirs Mill Road, Rockville. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Baltimore National Baltimore, Maryland 5/14/69 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR
Tyson Wheeler Funeral Homr 1331 Rock Pike Meliantes 1969 Rockvillem Maryland DMAN



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Yeor Manth Maria may 190 S. DATE OF BIRTH 6. AGE (In years hours after 3. SEX 4 RACE IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS Female May 10,1969 WhiTE 2 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED eose remove corbon popers. event, within 72 h MontGomery USA WIDOWED [DIVORCED campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY O YES 9 NO T 5910 Cherr Greenteit and in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle puo that the deoth certificate be MiRalles evaTR12 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) buriol cremotion or removol. 5 M APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) buriof-tronsit rise to immediate cause (a). þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed ! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to b for use as the 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES NO | , page 3 shauld be detached for use be filed with the State Dept. of Health Poge 4 moy be retoined by the hospital or **DIRECTOR:** After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street of R.F.D. No. City or Tawn County State While Not while at wark ATTENDING 220. I certify that (I) (this hospital) attended the deceased from 7/10 causes stated abave. (1) (wet [did]) (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS FUNERAL NAME (Type) George R. Spence director, page 3 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION (County) 9 5/13/69 Gate of Heaven Silver Spring, Md. 24. FUNERAL DIRECTOR JAMPRES Rock Pike 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. Tyson Wheeler Funeral Home Rockville, Md.

MAKILAND STATE DEPAKTMENT OF REALTH

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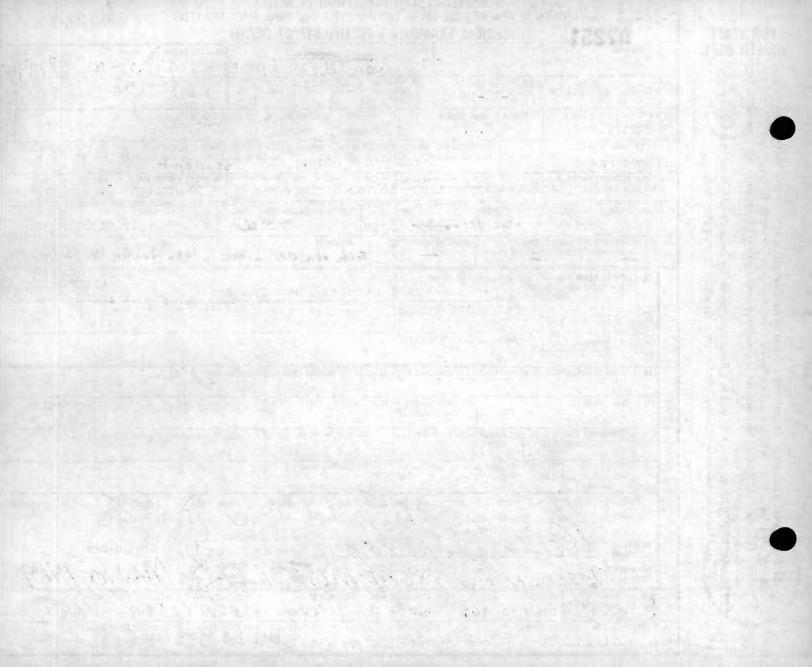
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| | 13 | 07249 | | 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH | | 07245 |
| r death. Cuneral ond 2 | | ECEASED-NAME First Type or print) ABRA | Middle | VEREIDE | 2a. DATE OF DEATH Manth Day | Year 10:55 |
| after d | 3. SI | MALE | 4. RACE CAUCASIAN | s. date of birth 10-7-86 | | IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN. |
| 24 hours after ed in by the fu | | BIRTHPLACE (Stote or foreign ntry) Norway | 7b. CITIZEN OF WHAT COUNTRY? United States | 8. MARRIED NEVER MARRIED DIVORCED DIVORCED | 9. COUNTY OF DEATH Montgomery | Md. |
| | | Olney | 11. NAME OF HOSPITAL OR IN give street address) Montgomery G | eneral Hospital Min | AL OCCUPATION (Kind of work dane nast af warking life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY Church |
| executed within and campletely filling cambon carbon proposed carbon proposed within | 13a. odm | USUAL RESIDENCE (Where deceasission) STATE Maryland | sed lived, if institution: Residence befare 13b. COUNTY Montgomery | 13c. CITY OR TOWN 13d. INSIDE CITY | 13e. STREET AND NUMBER So. 10 12 3360 Chiswick | wer spring. |
| be ex e rem d in on | | FATHER'S NAME First Anders | Middle Lost Verei | | nknown | Lost |
| is a | | . WAS DECEASED EVER IN U.S. ARM res, no, or unknown) (If yes give w | MED FORCES? 16b. SOCIAL SECURITY var ar dates of service) 45 77-40-5 | | , daughter, 3463 Ch | |
| 5 5 E | | PART I. DEATH WAS CAUSE | oly ane couse per line for (a) (1), and (c) BY: ATE CAUSE (a) | | nfortion | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH /S minutes |
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| he law requires the attending physician, has been signed by se as the burial-trough prior to burial, cre. | NO | Previous | Myocardial I | or related to the terminal disease or | | |
| The after has | CERTIFICATION | | CONDITION FOR WHICH OPERATION WAS PE | YES NO TO | | |
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| NG PHYSICI y the hospit er this certif e detached ate Dept. of | | at work at wark | The state of the last the | CTORY.) 21f. LOCATION Street or R.F.D. N | 11 | County State |
| ATTENDING etained by the CTOR: After should be divith the State vith the State area by | | | is haspital) attended the deceas live an | 196 I, and that in (my) (our) as | pinian death accurred an the dat | e and haur and fram the |
| L OR AITEN y be retained DIRECTOR: oge 3 should filed with the | | 22b. SIGNATURE | a. Yale his | | MED. STAFF 22c. DI | ATE SIGNED / 17/69. |
| A V O I | | 22d. PHYSICIAN'S NAME (Type) Rich | and A. Yates | 22e. ADDRESS Oln | | 1 ' 7 ' |
| TO HOSPIT Page 4 mc TO FUNERA director, p | 13 | REMOVAL (Specify) | ay 20, 1969 Parkl | cemetery or crematory awn Cemetery | | (County) (State) comerty, Marylan |
| VR W (4) 30M REV. 1/68 | 100 | FUNERAL DIRECTOR, C. C. | ilen Carte 8434 ADDRESS rey. Inc. Silver S | oring, Md. DAMAY | 20 1969 25b. REGISTRAR'S S | IGNATURE |

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MARILAND STATE DEPARTMENT OF REALIT DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07246 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 20. DATE OF DEATH 2b. HOUR and 2 death. within 24 haurs after death (Type or print) ician and campletely filled in by the funeral lease remave carban papers. Pages I and and in any event, within 72 hours after deat Month Day Yeor Franklin MARK 10-45 M 3. SEX 4. RACE 5. DATE OF BIRTH IF LINDER 24 HRS. 6. AGE (In years IF LINDER 1 YEAR last birthday) DAYS HOURS caus 3-70-1880 YRS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) henodoah WIDOWED A DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) UN, yers it y MURS in 4 Howarding mast af warking life, even if retired.) INDUSTRY GOI Aracia AVE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE YES NO SILVER SPRIA 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Perry Mark Viands Lucy Presgraves requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) burial, crematian, or remayal, 225-10-0944 Margaret H. McKeown Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MONTHS DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause signed I PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NONE Page 4 may be retained by the hospital or attending detached far use as the te Dept. af Health priar to has been 19g DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES -TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M director, page 3 shauld be detached shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while at wark at wark 22a. I certify that (1) (this hospital) attended the deceased fram NOV 1969, and that in (my) (our) apinian death accurred an the date and haur and from the saw the deceased alive an 9 MAX causes stated above, (1) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) SHOREFIELD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. 8URIAL, CREMATION, (County) BUY AL (Specify) 5-13-69 Virginia Alexandria Bethe1 Cemetery FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR RAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

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| 1 | H | ms 188 | 22a DIVISION | OF VITAL F | RECORDS, 301 | W. PREST | ON STREET | BALTIMO | RE. MARYI | AND 212 | 01 | 0.17 | 97.14 | |
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| HEALTH DEPT. ∴ ₽ ₺ ₺ | | ECEASED-NAME Type or Print) | Steven | | Midd Eric | | | Liope | Lippe | 2a. DATE K OF DEATH A | ESTI- | anth Doy | Year 9 | 2b. HOUR |
| and 3 to and 3 to M3. Page ritment of | 3. S | male | 4. RACE White | S. DATE OF B | | 6. AGE (In year last birthday) | MONTHS MONTHS | I YEAR IF | UNDER 24 HRS URS MIN. | | ONOUNCED DEA | lo y | ear 19 69 | 2d. HOUF 12:2 |
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| after death 8. Give Pages along with for with the State | | ity or town or akoma Pa | | 11. give | NAME OF HOSPITA street oddress) | or instituti ash Sa | ON (If not in I | | 2a. USUAL Of Juring most o | CUPATION (K | ind of work do | ane 12b. KI ed.) INDUST | ND OF BUSH | NESS OR |
| | 13a. o | USUAL RESIDENCE dmission) STATE | E (Where decease Marylan | ed lived, if insti | itutian: Residence ontgomer | befare 13c. Cl y Sil | or town ver Sp: | 13d INSIR | E CITY LIMITS? | | AND NUMBER Ruatan | -11 | | 93 |
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| thin mine hau | | WAS DECEASED EV es, na, or unknaw | ER IN U.S. ARMED I | ORCES? war or dates of service) | 16b. SOCIAL SEC | URITY NO. | 17. INFORMA | | r Lippe | 2 , 10 | ADDRESS 86 Ruat | lan Str. | , 5.4 | w. M. |
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| ate g th ed t ed t and | | PART 2. OTHER S | SIGNIFICANT COND | ITIONS CONTRIBU | ITING TO DEATH B | UT NOT RELATE | D TO THE TERI | MINAL DISEASI | E OR CONDITIO | ON GIVEN IN F | PART 1(a) | | | |
| | CERTIFICATION | 19a. DATE OF O | PERATION | | 19b. CONDITION WAS PERFO | | PERATION | | | 100 | | 2 | O. AUTOPSY | ? No 🗆 |
| iffica Id be uld b | MEDICAL CERT | 21g. EXTERNAL OF PRIMARY OF DEATH | CONTRIBUTING [| HOUR / | F INJURY Manth, D A.M. P.M. | ay, Year | 21c. HOW INJ | JURY OCCURR | ED (Enter notu | re of injury in | n Port 1 or Port | 2, Item 18.) | A | |
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| TO DEPU necesso the fun 5 may TO FUNE Health | 23 a | BURIAL/CREMAT | TION, 23b. fy) | DATE | | ME OF CEMETE | . 11 | TORY | | LOCATION (C | City or Town | (County | y) (SI | ote) |
| VR A15ME POT | - | FUNERAL DIRECTO | | 1 | | ADDRESS | of The | | REC'D BY REC | -11 | 2Sb. REGISTR | | JRE LANGE | |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07248CERTIFICATE OF DEATH DECFASED-NAME First Middle Last 2a. DATE OF DEATH and 2 death. death. 2b. HOUR by the funeral (Type or print) Bertha Frances WADE May 1106A physician. signed by the attending physician and campletely filled in by the for burial-transit permit. Then please remave carbon papers. Pages V burial-transit permit. In and in any event, within 72 hours-affer. after 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) Female Caucasian Apr. 3, 1918 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA WIDOWED | DIVORCED Maryland Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Naval Hospital during most of working life, even if retired.)
HOUSEWITE Bethesda Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 136. COUNTY Frostburg RFD1, Box 122 NOTE 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Last Aldridge Edward Annie Hunter 16b. SOCIAL SECURITY NO. Frostburg 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Md. 17. INFORMANT Address Yes no ar unknown) (If yes give war or dates of service) 214 07 6805 TMCS Carl D. Wade, USN, RFD#1 Box 122 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ___ Carcinoma of the stomach with metastases to liver and lymph nodes DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ficate has been s far use as the b f Health priar tab 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO 🗍 **TO FUNERAL DIRECTOR:** After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (h) (this hospital) attended the deceased from Apr. 30, 1969, to May 3, 1969, that (b) (we) last saw the deceased alive an May 3 and that in (care) (care) (care) opinion death occurred on the date and hour and from the causes stoted obove, (X) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR May 5, 1969 DEGREE PHYS 22e. ADDRESS NAME (Type) Michael D. Corman, M. D. Naval Hospital. Bethesda. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Frostberg Memorial Cemetery Frostberg Md. 25b. REGISTRAR'S SIGNATURE Hafers & Sowers 6000 Main St. 2Sa. REC'D BY REGISTRAR Main Street, Frostburg,

MARYLAND STATE DEPARTMENT OF HEALTH

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| OR ATTEN be retain DIRECTOR ge 3 shou led with th | | 22a. SIGNATUI | ceased alive on | 100 | | ı tılaı | ATTENDING ATTENDING PHYS. | MED. | STAFF - 22b | DATE SIG | |
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| 24 hours | in by ers. P 2 hou | 7o. โ | | IEVER MARRIED 9. COUNTY OF DEATH | |
| within 24 | y filled in by on papers. P vithin 72 hou | 10. (| Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in h give street address). | hospitol 12a. USUAL OCCUPATION (Kind af work done during mast af warking life, eyen if retired.) | 12V. KIND OF BUSINESS OR INDUSTRY |
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| ificot | physician on please loval, and in | , Y | VAS DECEASED EVER IN U.S. ARMED FORCES? If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORM | MANT Address | |
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| death | ottending p permit. The ion, or remo | | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congartine Auch | een | 211 he |
| the | the of sit per nation | | Conditions, if any, which gave (b) Cerelal Moramba | | |
| thot In. | by the | | ise to immediate cause (a). (b) Creling to Underlying cause (DUE TO, OR AS A CONSEQUENCE OF | <u> </u> | 4 week, |
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| OR ATTEND be retained | OIREC Je 3 s ed wi | | 26. SIGNATURE m DEGREE | ATTENDING MED. STAFF | ate signed - 18-69 |
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| TO HO. | direct shou | 23a. | BURIAL (REMATION, 235. DATE 23c. NAME OF CEMETERY OR CREMA SHIPTIAL 23c. NAME OF CEMETERY OR CREMA Laurel Point Ce | emetery Carmichael, | (County) (Stote) |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.725207256 CERTIFICATE OF DEATH 2b. HOUR △ 1. DECEASED-NAME Middle Last 20. DATE OF DEATH (Type or print) Manth Vancie Ward, Jr. none May 10:05M ease remove corbon popers. Pages I and in any event, within 72 hours after 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR be executed within 24 hours after 6. AGE (In years IF UNDER 24 HRS. and completely filled in by the t last birthdoy) HOURS 23 July 1953 Male Negro 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED North Carolina USA WIDOWED DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired.)
Student INDUSTRY Bethesda 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER North Carolina 13b. COUNTY Mount Olive Route 3, Box 557 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Weeks Vancie Ward, Sr. Ethel 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) | [If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, no, or unknown) buriol, cremotion, or removol. The Clinical Center, NIH, Bethesda, Maryland None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Pseudomonas sepsis, PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) bronchopneumonia, cellulitis BETWEEN ONSET AND DEATH 5 days Conditions, if ony, which gave DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit (b) Acute undifferentiated leukemia 10 months rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [Yes 4 moy be retained by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at work 22a. I certify that (A) (this hospital) attended the deceased from 7 April , 1969, ta 31 May , 1969, that (A) (we) last saw the deceased alive an 31 May 1969, and that in (xxx) (aur) apinian death accurred an the date and haur and from the causes stated abave, (M) (we) (did) (did) (did) (did) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED STAFF PHYS. 31 May 1969 DEGREE DIRECTOR 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Harmon Evre. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) not Olice mt. Ot 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) DUL 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07257 CERTIFICATE OF DEATH 07253 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Dorothy Louise Waugh 969 2:50 Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS T DAYS Aug. 25, 1882 W within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? completely filled in by 7o. BIRTHPLACE (State or fareign B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH papers. Washington, D.C. U.S.A. Montgomery WIDOWED [30] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Asbury Methodist Home during most of working life, even if retired.)
Government Bureau remave carbon INDUSTRY Gaithersburg offEmeravin executed 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 18b. COUNTY Washington, D. C. YES TR NO T 7903 Lansdale St., S.E. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and ca director, page 3 shauld be detached for use as the burial-transit permit. Then please remained be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First pe William L. Dreyer Beckman Mary death certificate 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no prunknown) (If yes give war or dates of service) 578-62-5550 Asbury Methodist Home, Gaithersburg, Md. APPROXIMATE INTERVAL ne/for (a), (b); and (c).) 18. CAUSE OF DEATH (Enter only one cause per, BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIA HOUR A.M. Manth Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRFET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this hospital) attended the decased fram saw the deceased alive an_ , and that in (my) (aux) apinion death occurred an the date and hour and from the causes stored above, (I) (we) (did (dig not) view the body ofter deoth DIRECTOR 22d. PHYSICIAN' 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Prospect Hill Cemetery Washington, 24. FUNERAL DIRECTOR The S . H. Hines CAOORESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Washington, D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH

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| that the death certificate be executed within 24 hours after death | at ar attending physician. icate has been signed by the attending physician and campletely filled in by the far use as the burial-transit permit. Then please remave carban papers! Page Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours. | 160 | was deceased ever IN U.S. AR es, no, or unknown) (If yes give | MED FORCES? wor or dates of service) 170-01-4 | | son C. White | Address 702 Gilbert Address 702 Gilbert Address 702 Gilbert | St |
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| ATTENDING PHYSICIAN | the nospire this certif detached ie Dept. af | 2 | 21d. INJURY OCCURRED 21e While Not while | PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY.) 21f. LOCATION Street or R.F. | F.D. No. City or Town | County | Stote |
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| A E | 5 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | 226. STGNATURE | | | d HED STIES | 22c. DATE SIGNED | 0 |
| O. S. | De rerained SIRECTOR: A Ple 3 should ed with the | | Soward | 1 moros | DEGREE PHYS. | MED. STAFF DIRECTOR PHYS. | 1 3/20/6 | 9 |
| | Page 4 may be retained by in TO FUNERAL DIRECTOR: After the director, page 3 should be de shauld be filed with the State | | 22d. PHYSICIAN'S NAME CANADON AVE | 1 T. Morse | 22e. ADDRESS (2030 (4 | arroll Ave Ta | homotark) | nd |
| 105 | UNI CUNI Caulc | 230 | | DATE 23c. NAME (| OF CEMETERY OR CREMATORY | 23d. LOCATION (City or T | own) (County) (Sto | ote) |
| 0 | ip de la | | DEMOVAL (Specific) | ru 29. 1969 9t. | Lincoln Cemeteru | Rladensbur | 2. Maruland | |
| | VR A15 (4) | 24. | FUNERAL DIRECTOR . GLE | en Carter 8434 ADDRI | Strain Anonne 250. R | REC'D BY REGISTRAR 25b. R | EGÍSTRAR'S SIGNATURE | |
| | 30M REV. 1768 | 1 | larner E. Pumpt | rey, Inc. Silver | Spring, Md. DATE | JUN 3 1969 | Icharles Judge | ٤. |

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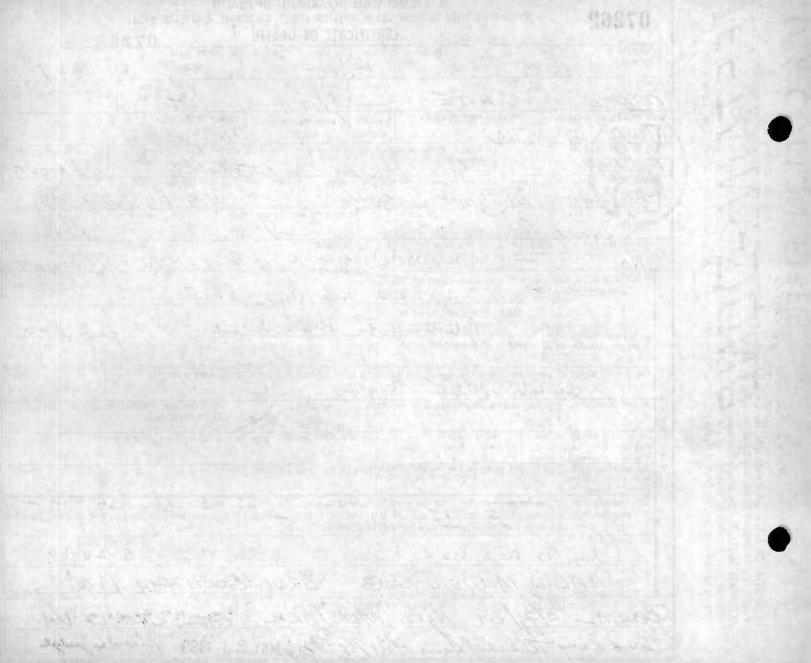
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| | | BURIAL (CREMATION, REMOVAL (Specify) 23b. | | Suban Hapta | N B | OCATION (City or Town) | (County) | (State) |
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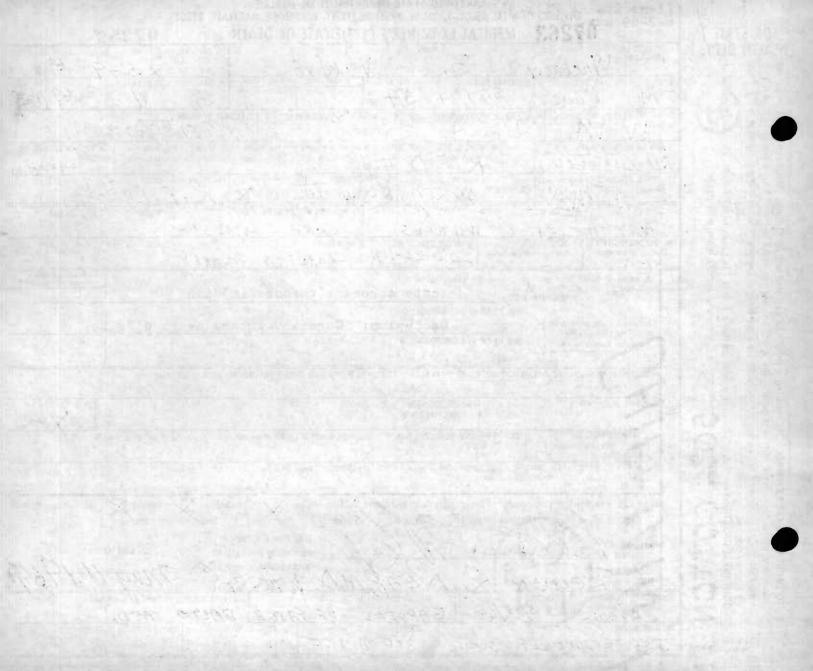
| 1. 1 | Ttems 18-22a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH 5-16-62 Ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
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| FOR STATE | 117261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| HEALTH DEPT. | 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day Year 2b. HOUR OF ESTI- (Type or Print) SCOTT PALL WILKERSON DESTI- SCOTT PALL WILKERSON DESTI- SCOTT PALL MATER 5 26 10692:45A |
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| 24 in li s (c) s 1 | WILLIAM G. WILKERSON Carrol Jeanne Null |
| within 24 pencil in Examine is File pages 72 haurs | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates of service) (If yes give war or dates of service) (If yes give war or dates of service) 17. INFORMANT MEDICAL RECORD DEPT. |
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| ficate ing th rded t as a as a f, anc | |
| bical Examiner: This certificate shauld be executed within 24 haurs after death please execute the certificate, writing the word "pending" in pench in Item 18. Give Pag I directar. Page 4 shauld be forwarded to the Chief Medical Examiners Office along with retained far your files. Director: Page 3 shauld be used as a burial-transit permit. Fire pages 1 and 2 with the State to burial, cremation, ar remaval, and in any event within 72 haurs after death. | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury, in Part 1 or, Port 2, Item 18.) |
| INER: The certification is should be files. | 21d. EXTERNAL CAUSE WAS PRIMARY XI OR CONTRIBUTING CAUSE OF DEATH 2: 25 mmx 5-26 19 69 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Deceased, driver, failed to negotiate curve in highway 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street). 21d. LOCATION Street or R.F.D. Ng. City or Tawn County State |
| MIN the of the o | |
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| AL B. P. | 22a. I certify that taak charge of the remains described above, hold an Autapsy Inspection Inquiry and in my apinian |
| DIC 135e ecta ined ined 0 bi | death resulted fram: Natural causes , Accident , Suicide , Homicide , Undefermined manner |
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| necessary, please ex the funeral directar. 5 may be retained f | NAME (Type) 26 LDEM /Y FAD M. DADBESSTYPE LITY COUNTY) / WITH / Ke, / Ky |
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| Λ. | 24. FUNERAL DIRECTOR ADDRESS 250. RECISTRAR 25b. REGISTRAR 25b. REGISTRAR 516NATURE |
| VR A15ME (\$) 10M REV. 1/48 | Robert A. Pumphrey 7557 Wisconsin Ave. ON 2 1969 Volume, Judge |
| 101 | Bethesda, Md. |

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| 10 | 07262 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
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| | CENTIFICATE OF DEATH |
| 4 24 | 1. DECEASED-NAMEFirst Middle Last 2a DATE OF DEATH 2b HOUR |
| death. neral and 2 death. | (Type or print) 1 Manth Day Year 123 |
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| by Affer Start | 22a. I certify that (I) (this hospital) attended the deceased fram 4pm , 1967, ta 5 - 20, 1969, that (I) (we) last |
| R: / | saw the deceased alive an |
| Ary Short | 22b. SIGNAYURE // 22c. DATE SIGNED |
| OR ATTENE OR ATTENE DIRECTOR: A pe 3 should ed with the | Man & Newhark, h. D. DEGREE PHYS. DIRECTOR DIREC |
| ral ral and y and y and y and y and y and | 22d. PHYSICIAN'S NAME (Type) PLAN ON 10 STUTPAGE 22e. ADDRESS NAME (Type) PLAN ON 10 STUTPAGE 22. |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal, | TILHIO M. WEININGS OUCH - SONN. AVE. D. W. |
| O HOS Page O FUN direct shaul | 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| 5 5 5 s | 24. FUMERAL DIRECTORA 250 RECISTRAR 250 RECI |
| VR A15 (4) 45M - 1/69 | 24. AUTERAL DIRECTOR TECES ADDRESS 4217-9 Thomas APRIL 250. REGISTRAR 250. REGISTRAR'S SIGNATURE Judge. |
| 4JM - 1/69 | The property of the party of th |



| 1 | I | tems 18&22 Film 41 MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| FOR STATE | 0. | 107263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 0 | | | | | | | |
| HEALTH DEPT. | | DECEASED-NAME First Middle Lost 20. DATE KNOWN Month | Day Voor 12h HOUR | | | | | | | |
| lay is 13 ta Page ent af | | VYCOROW (2). VV/LKINS DEATH MATED 5- | 9 69 | | | | | | | |
| ny delay 2, and 3 PM3. Pa | 3. 5 | m Cauc, 8/27/14 5 Triploy) MONTHS DAYS HOURS MIN MONTHS DAYS | Year 169 2d. HOUR | | | | | | | |
| | | BIRTHPLACE (Stote or foreign 7b. CITIZEN, OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MIDOWED DIVORCED PLANT CHARACTER MIDOWED DIVORCED PLANT CHARACTER MIDOWED DIVORCED PLANT CHARACTER MIDOWED DIVORCED PLANT CHARACTER MIDOWED DIVORCED DIV | ery M | | | | | | | |
| after death 8. Give Pages 1, clang with farm with the State De | 10. CITY OR TOWN OF DEATH, 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. KIND during most of working life, even if retired.) 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NEXT COUN | | | | | | | | | |
| | | | | | | | | | | |
| them Item Office Office and 2 | 14. | FATHER'S NAME First Middle /Lost IS. MOTHER'S MAIDEN NAME First Middle | Last | | | | | | | |
| rs of | | NATHANIEL WILKINS CORA WILSON | | | | | | | | |
| s certificate shauld be executed within 24 haurs e, writing the word "pending" in pencil in Item 1 farwarded to the Chief Medical Examiner's Office used as a burial-transit permit. File pages 1 and 2 emaval, and in any event within 72 haurs after contacts. | () | WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no, or unknown) (If yes give war or dates of service) 232-26-1190 LORRETTA PURKEY | | | | | | | | |
| ed vin al Es | | IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| e executed pending" ir ef Medical I isit permit. vent within | | IMMEDIATE CAUSE (o) Active coronary thrombosis with | | | | | | | | |
| pence ef M sit p | | Onditions, if gny, which gave) OCCIUSION: Coronary artery heart disco | | | | | | | | |
| Id b rd " Chia -fran | | (b) occlusion; Coronary artery heart disea storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF | se | | | | | | | |
| shauld be executed ne word "pending" in ta the Chief Medical E. burial-transit permit. F | | last. | | | | | | | | |
| certificate shauld writing the word urwarded ta the Cl used as a burial-tr maval, and in any | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | 1 | | | | | | | |
| writing rwarded rwarded as consolidated | No. | | | | | | | | | |
| | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? YES NO | | | | | | | |
| # 7 9 | MEDICAL CE | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 | m 1B.) | | | | | | | |
| | ME | 21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town | County State | | | | | | | |
| L EXA cecute Page far yai)R: Pag | | 22a. I certify that taak charge of the remains described above, held an Autopsy / Inspection Inquiry | and in my apinian | | | | | | | |
| ctor. Pared for ector. Pared for ectors: burial, | 15 | death resulted frame: Natural causes 🔼 Acidem Suicide 🔲 Hamicide 🔲 Undetermined manner | | | | | | | | |
| TY SICA TY Please e brail director be retained EAL DIRECT priar to bu | | ACTUAL CHIEF MEDICAL EXAMINER | | | | | | | | |
| ny, peral peral price | | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE S | IGNED | | | | | | | |
| necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, cren | | EXAMINER'S BELDEN R. READ M.D. DEPUTY MEDICAL EXAMINER & MAME (Type) BELDEN R. READ M.D. DEPUTY MEDICAL EXAMINER & MAY DEPUTY | 11,1969 | | | | | | | |
| 01 = 20 H | 230 | BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 1/2 Company 1/2 | (County) (State) | | | | | | | |
| 00 | 24. | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI | IGNATURE | | | | | | | |
| VR ATSME (S) | - | T.T. CONNELLY SOME 300 MACE DATE OF 1980 VOLCENIA | y yesterile . | | | | | | | |



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| | | | .53 | 0 6 60 62 | DIVISION OF | | | STON STREET, BALTI | MORE, MAR | | ^ | |
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| | age and age | | | CEASED-NAME First Ype or print) Ba | | Boy | R | illiams | 2a. DATE OF C | | 29 Year 69 1219 | N |
| | offer after | | 3. SE | male | 4. RACE | iti | | DATE OF BIRTH | 1969 | b. AGE (In years last birthdoy) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN | |
| | hours on by the s. Page | 73 | | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WH | AT COUNTRY? | | | 9. COUNTY OF D | YRS. | 4 25 | 1 |
| | 24 ho ed in upers. | 4 | | maryland | US | a. | WIDOWED _ | DIVORCED | mo. | ntgom | - 1 | d |
| | within ely filla bon po withir | 70 | 7 | Bithiscla | give st | ME OF HOSPITAL OR INS | STITUTION (If not in | | | (ind of work done e, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY | |
| | be executed within 24 hours after and completely filled in by the eremove carbon papers. Pages I'm any event, within 72 hours after | 15 | 13a. admi | USUAL RESIDENCE (Where deceo | 13b. COUNTY | nont. Co. | 13c. CITY OR TO | WN 13d. INSIDE CITY EIN | | ET AND NUMBER | Paul | |
| | and correction and | 1 | 14. F | ATHER'S NAME First | Middle | Last | | OTHER'S MAIDEN NAME FI | rst | Middle | Lost | = |
| | ore be | / | 16- | Harry | Thomas | Will | ams r. | Bij | od. | 3- | Sledge | |
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| | E The Ce | | | PART I. DEATH WAS CAUSE | nly ane cause per line | e far (a), (b), and (c). |) | 0.1 | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| | offendi offendi permit. | | | | ATE CAUSE (a) | Resp. | rator | n failes | 2 | | | |
| | equires that the deoth physician. signed by the offendir buriol-fransit permit. buriol, cremotion, or re | | | Canditians, if ony, which gove | 413 | A CONSEQUENCE OF | A 40 | a folocot | a sin | | SHRS. | |
| 10 | equires that the physician. signed by the buriol-transit buriol, cremot | - | | rise to immediate cause (a), stating the underlying cause | DUE TO, OR AS | A CONSEQUENCE OF | acri | wio co. | a | | | |
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| 1/ | low ndin beer s the | | VION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHIC | CH OPERATION WAS PE | RFORMED | 20a. AUTOPSY? | 20b. IF Y | ES. WERE FINDINGS C | ONSIDERED IN CERTIFYING | |
| | The low range of the das been use as the olth prior to | | CERTIFICATION | | | | | YES NO | | F DEATH? | ONSIDERED IN CERTIFICIO | |
| | AN: al or icate for u | | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | | INJURY Month Day Year | 21c. HOW | INJURY OCCURRED (Enter | nature of injury | in Part 1 or Part 2, I | Item 18.) | |
| | SICI. spitce ertified f | 200 | MEDICAL | (If either, natify medical exami | ner) P.M. | 19 | 2004 1 | | | | | _ |
| | moy be retoined by the hospit RAL DIRECTOR: After this certif poge 3 should be defached be filed with the State Dept. of | | | While Nat while at wark | | OFFICE BUILDING, ETC. | | ION Street ar R.F.D. Na. | City or | | County State | |
| | DIN by After be Stat | | | 22a. I certify that (I) (the saw the deceased a | is haspital) atte | nded the decease | d fram 25 | 8 may, 196 | 7 , to_2 | 7 May, 19. | 69, that (I) (we) las | t |
| | or the | | | causes stated abaye | e, (I) (we) (Md) | did not) view the l | oady after dea | th. | nan deam ac | currea an the aa | te and naur and tram the | 20 |
| | OR Allower retors and shared with | 1 | | 22b. SIGNATURE | uulh | UND | DEGREE | ATTENDING ME | ED. RECTOR | STAFF 22c. PHYS. D 29 | DATE, SIGNED 140 | |
| | Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending director, page 3 shauld be detached for use as the buriol-transit permit. should be filed with the State Dept. of Health prior to buriol, cremotion, or re | 0 | | 22d. PHYSICIAN'S NAME (Type) | | | | 22e. ADDRESS | | | 7,01 | |
| | O HOSPI Page 4 m O FUNER director, | Ap | 23a. | BURIAL CREMATION 23b. | DATE | 230 NAME OF | EMETERY OR CRE | MATORY : | 23d. LOCATION | (City or Town) | (Caunty) (State) | |
| | O O D Page | 0 | | REMOVAL (Specify) | 2969 | SWB | - nother | Hospital | Bethe | de Mo | ntronous - Md | |
| | VR A15 45M - 1, | (4) | 24. 1 | FUNERAL DIRECTOR | Ctr D | ADDRESS, | rator | 2Sa. REC'D BY | REGISTRAR 4- 1969 | 2Sb. REGISTRAR'S | SIGNATURE | |
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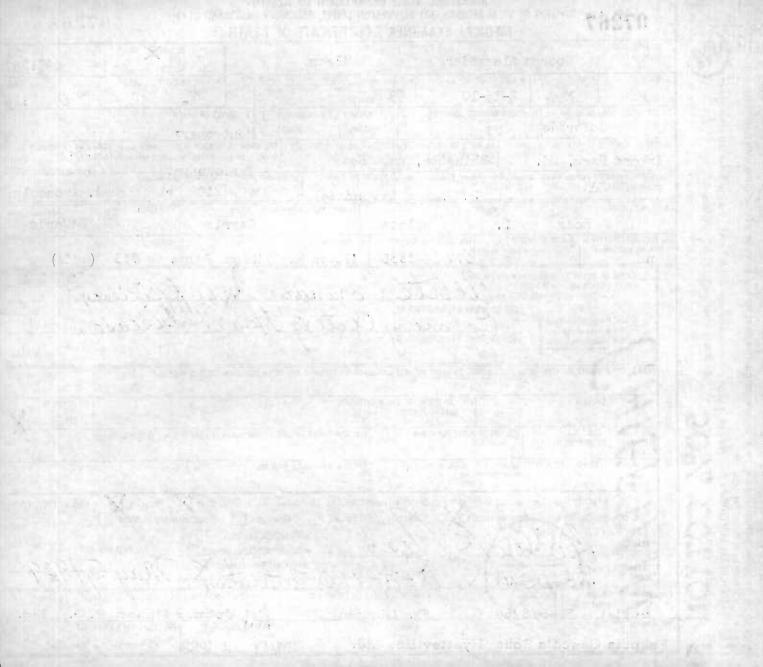
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| | V- | | | 07265 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07261 |
| | P | | | CERTIFICATE OF DEATH |
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| | E | 12 d 1∓. | | ECEASED-NAME PFirst Middle Lost . 2a. DATE OF DEATH 2b. HOUR |
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| | within 24 haurs after death | opposite of 1 | | mo interpretation in the most |
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| | T. | ₹ 6 × 1/) | V | The state of the s |
| | > | ort, | 13a. | IISIIAI RESIDENCE (Where deceased lived, if institution, Posidores hefers 12, CITY OR TOWN |
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| | BCL. | 56 27 | | of the state of th |
| | e× « | DE E | 14. | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost |
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| | 9 | ian | 160 | WAS DECEASED EVER IN ILS APMED EDRIES? LIAB SOCIAL SECURITY NO. 117 MEDIDANANT |
| | .0 | /sic | Y | (es. and, or unknown) (III yes give war or dates of service) 1 1 |
| | E | physician nen please laval, and i | | VID: WWI 1917-19/11-05-310-1/ks Aden Bouber fellions 561-24 " NE" |
| | 9 | attending p permit. The ian, ar rema | | 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND OBATH |
| | ÷ | t. re | | PART I. DEATH WAS CAUSED BY: |
| | dec | rmi , al | 13 | |
| | 9 | pe | 0.7 | DUE TO, OR AS A CONSEQUENCE OF |
| 1 | = | the sit p nation | | Canditions, if any, which gave |
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| . 0 | 4: The law requires that are attending physician. | signed by the attending physician and campletely filled in by the furburial-transit permit. Then please remove carban papers. Pages I burial, crematian, ar removal, and in any event, within 72 hauks after | | lost. |
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| 1 | pd | sic bu | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
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| | AN | He | | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) |
| | D id | | MEDICAL | (If either, natify medical examiner) P.M. 19 |
| | HYSICIA! hospital | pt. | ME | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State |
| | G PH | this certificate has been detached far use as the e Dept. af Health priar to | | |
| | रु इ | lfter this certif be detached State Dept. af | | at work of work |
| | P A | After d be c e State | | 22a. I certify that (I) (this haspital) attended the deceased from NAY 16, 1969, ta MAY 31, 1969, that (I) (we) lost saw the deceased alive an NAY 31, 1969, and that in (my) (aur) apinian death occurred an the date and hour and from the |
| | N | 4 | | saw the deceased alive an May 31, 1969, and that in (my) (aur) apinian death occurred an the date and hour and fram the |
| | E-E | ctor: A shauld with the | 100 | causes stated abave, (I) (we) (did) (did nat) view the bady after death. |
| | Te A | ECTOR: A shauld with the | | 226. SIGNATURE (22c. DATE BIGNED) |
| | OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician. | - P | | DEGREE PHYS. DIRECTOR |
| | 4 > | 1 8 = 1 | | 22d PHYSICIANS ILCORD O. ASULT VIOL 22a ADDRESS 2 4 22 DIDLESS |
| | TIG | P P P | | NAME (IVDE) |
| | TO HOSPITAL Page 4 may b | TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the | | |
| | H | E = E | 23a. | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| | 24 | 2000 | | 1 0/4/09 LINCOIN Memorial Sultiand 10 MD. |
| | | A | 24. | FUNERAL DIRECTOR ADDRESS D.C. 2SG. REGISTRAR 2Sb. REGISTRAR'S SIGNATURE N.W. DATELLIN 3 1969 |
| | | VR A15 (4)5 45M - 1/69 | 1 | Min / Mod Son 1622 11th St., N.W. DATE UN 3 1969 June 1969 |
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| はいますま | 13o. | USUAL RESIDENCE (Where deceos | ed lived, if institution: Residence before | re 13c. CITY OR T | | 13e. STREET AND NUMBER | 1 | | |
| 5 500/5 | Z | MRGland | Montgomers | Kachu | | 1018 / YCAI | DRIVE | | |
| bu dun on | 14. | FATHER'S NAME First | Middle lost | 15. 1 | MOTHER'S MAIDEN NAME First | Middle | Lost | | |
| be n d in d | | WILLIAM | WIII | 15 | MAR | sie | Knicht | | |
| cate sicia olea , on | | . WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (If yes give w | MED FORCES? 16b. SOCIAL SECURIT | TY NO. 17. INF | ORMANT | Address | | | |
| ohys on p | | es, no, or onknown) | | W | Illian Wil | 1is. Tather. | alleme. | | |
| The The | | 18. CAUSE OF DEATH (Enter on | ly one couse per line for (o), (b), and | (c).) | | | APPROXIMATE INTERVAL BETWEEN DISET AND DEATH | | |
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| or ore | | 210. ACCIDENT WAS UNDERLYIN | | 21c. HOW | INJURY OCCURRED (Enter not | ure of injury in Port 1 or Port | 2, Item 18.) | | |
| CIA Ditological of the | MEDICAL | DR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin | H HOUR A.M. Month Doy Ye | or 19 | | | | | |
| G PHYSICIAN the hospitol this certifica detoched for | ME | 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT HDME, FARM, STREET, OFFICE BUILDING, ETC. | | TION Street or R.F.D. No. | City or Town | County State | | |
| this this De | | While Not while at work | COTTICE BUILDING, ETC. | | | | | | |
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| ND sed to the Sed to Se | | sow the deceosed o | s hospital) attended the deced | _19 <u>69</u> , ond t | hot in (my) (our) opinion | n deoth occurred on the | dote and hour ond from the | | |
| TOR din the | | couses stoted above | , (I) (we) (did) (did not) view th | e body offer de | oth. | | | | |
| OR ATTENDIN be retained by JIRECTOR: After is 3 should be ed with the Sta | | 22b. SIGNATURE | P. Parille | me war | ATTENDING MED. DIRECT | TOR STAFF | 2c. DATE SIGNED, | | |
| L o be | | 22d. PHYSICIANS | i. Carriay | DEGREE | | | 3/1/64 | | |
| ITA moy RAL RAL be 1 | | NAME (Type) John | E. Sassidy | | 9911 Old Ge | orgetown Roa | d, Bethesda, Md | | |
| OSP Pe 4 INE ctor | 220 | | | OF CEMETERY OR CO | | | | | |
| ∓ ge e sign | 230. F | | | klawn Ce | meterv | Rockville, M | (County) (Stote) | | |
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| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defoched for use as the schould be filed with the State Dept. of Health prior to | 230. | BURIAL, CREMATION, 23b. | DATE 23c. NAME (| OF CEMETERY OR CR | EMATORY 23 | d. LOCATION (City or Town) | (County) (State) | | |
| | | FUNERAL DIRECTOR | ADDRE 13 | 31 Rockv | ille Pika | GISTRAR 25b. REGISTRA | R'S SIGNATURE | | |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First Middle 2a. DATE KNOWN 2b. HOUR (Type or Print) George Alexander Wilson ESTIdeloy is and 3 to 1698:25 M PM3. Poge DEATH MATED 6. AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DATE PRONOUNCED DEAD 2d. HOUR 2-15-10 Year MN 8:25 pages I and 2 with the State Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) Colorado US WIDOWED [DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 136 KIND OF BUSINESS OR Wahington, San & Hosp during most of working life, even if relired.) Takoma Park. Md. Government Office along 13d. INSIDE CITY LIMITS COUNTAINS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN ofter death hours at admission) STARCA 136. COUNTY 2102 Brighton Rd. Avondale Avondale 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Wilson Edwards Ross Carrie Examiner's hours _ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na. ar unknown) (If yes give war or dates of service) 577 60 2335 Helen L. Wilson Same as #13 (wife) no APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per Jine for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, ON AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (o). word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= farworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate writing 050 removol 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ficate, pe YES should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion. CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X nauiry ond in my opinion deoth resulted from: Notural couses Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) the 50 BURIAL, CREMATION 23b. DATE (State) REMOVAL (Specify) 5/8/69 Colmar Manor P.G. Md. Ft. Lincoln Burial 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07264 FOR STATE Item#8.FilmGlil2 5/11MEDIGAL EXAMINER'S CERTIFICATE OF DEATH HEALTH BEPT. 1 DECEASED-NAME 20. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-Arthur Robert Witmer DEATH MATED 3. SEX 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR 68 YRS Male White 1-15-1901 7a. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH along with farm s after death U.S.A. WIDOWED DIVORCED Montgomery 10. CITY DR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Retired Salesman INDUSTRY pages 1 and 2 with the Bethesda Suburban Hecht Co. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE D.C. Wash. D.C. 7th St, N.W. YES NO Office Item 1 after, 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME Middle Lost Reedy John Witmer Cora .⊑ Examiner's pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT North Stat ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Hazel Pannerbaker Eitmer St. Ephrata 578-10-4109 within executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Insufficency Acote Sodden DUE TO, OR AS A CONSEQUENCE OF die Vascular Disease. Conditions, if ony, which gove rise to immediate couse (o), shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) certificate ar remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO X pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I **certify** that I took charge of the remains described obove, held on Autopsy , Inquiry K. Inspection X ond in my opinion director. Natural causes X. Accident . Suicide . deoth resulted fram: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** 5 may ro FUNE Health Bethesda. NAME (Type) ADDRESS(Street, city, town, or county) John G. Ball, M.D. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMDVAL(Specify)
Burial Cedar Hill Cemetery Ephrata Lancaster Pa Bethesda, Md 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Robert A Pumphrey William Jordas VR A15ME (5) 1969 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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| ertificate be executed within 24 hours after death. physician and completely filled in by the funeral en please remove corbon papers, Pages, I and 2 oval, and in any event, within 72 habrs after death. | 10. | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL give street oddress) — | OR INSTITUTION (If not in hospital | 12o. USUAL OCCUPATION (Kind of work don during most of working life, even if retired | e 12b. KIND OF BUSINESS OR INDUSTRE |
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| Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the buriol-transit permit. Then pleas should be filed with the State Dept. of Health priar to buriol, crematian, or removal, and | 2 | While Nat while | 21e. PLACE OF INJURY (AT HOME, FARM, STI OFFICE BUILDING, E | REET, FACTORY,) 21f. LOCATION Street or | R.F.D. No. City or Town | County State |
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| OR: | | causes stated abo | ave, (I) (we) (did) (did not) view | The bady after death. | | aute una noor una nom me |
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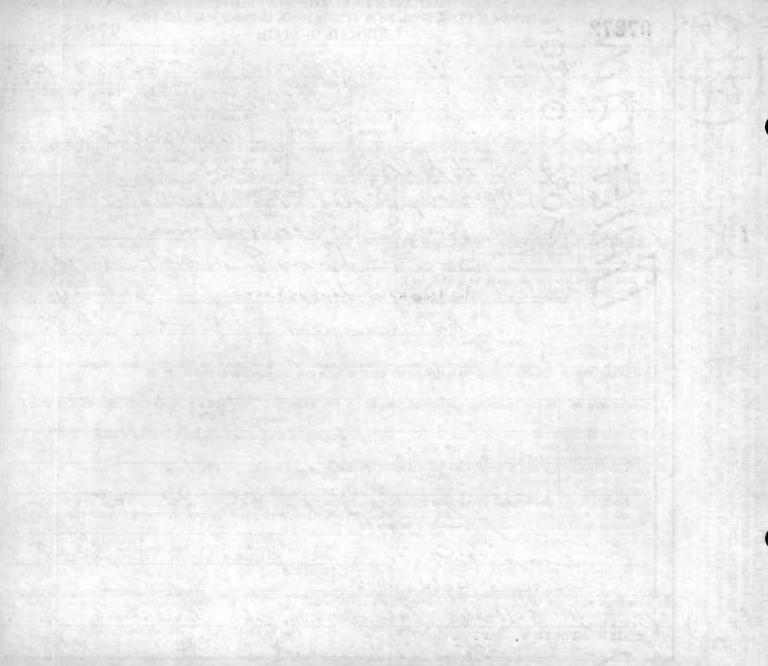
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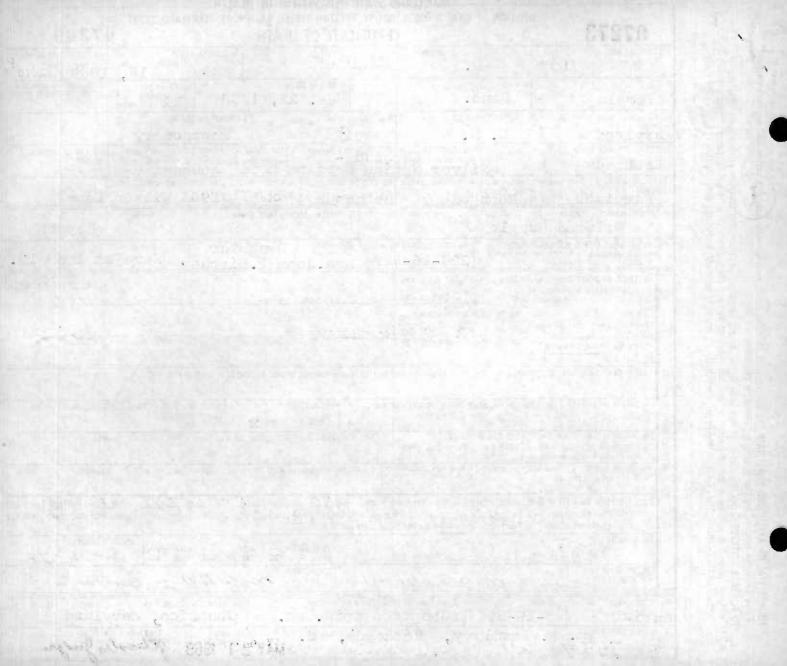
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| equires that the deoth certificate be executed within 24 hours after deoth. physician. signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove corban popers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death | 3. SE | * FEMALE | 4. RACE | S. DATE | 8-54-15 | 6. AGE (In years last birthday) | MONTHS GAYS HOURS | OER 24 HRS. |
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| PH his his offoc Dep | ME | 21d. INJURY OCCURRED While Not while at wark | TIE. PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING, | TREET, FACTORY.) 21f. LOCATION ETC. | Street or R.F.D. No. | City ar Tawn | Caunty | State |
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| AL (AL Dougle File | | 22d. PHYSICIAN'S | 760-11 | | 2e. ADDRESS | | | |
| SPIT 4 mc ERA or, F d be | 12. | NAME (Type) 6.2 | ennard Gole | L. M. D. | | | | |
| TO HOSPITAL OR ATTENDING Poge 4 may be retained by th TO FUNERAL DIRECTOR: After to director, page 3 should be de de should be filed with the Stote | 230. | | Bb. DATE 23c. NA | ME OF CEMETERY OR CREMAT | TORY 23 | d. LOCATION (City or Town) | (County) (Sto | ote) |
| 24 25 | | PEMOVAL (Specify) | 5-10-69. | larpsour | 4. Church. | Claresta | ry, m | ed. |
| VR ASSA | 24. | FUNERAL DIRECTOR Erne | sto. Gartner A | DDRESS | 250. REC'D BY REC'D B | 2 1969 25b. REGISTRAR'S | SIGNATURE COLORE | . : |
| 30M RBY 1/68 | 1.6 | mest | (. Lartner | I buther tours | DATE | 2 1000 | 0 | |



| | 1 | | MAKTLAN DIVISION OF VITAL RECORDS, | | CTON CIDELL DALLIN | | |
|--|---------------|---|--|--------------------|---|--|---|
| 3 | | 07273 | | | TE OF DEATH | OKE, MAKTLAND 21201 | 07269 |
| r deoth. uneral 1 ond 2 | | DECEASED-NAME First LUCY | Middle G. | WRIG | Last | 20. DATE OF DEATH May Month | Y 1969 2:10 M |
| within 24 hours after deoth ely filled in by the funeral ban papers. Pages 1 and 2 within 72 hours after death | 3. 5 | Female | 4. RACE Cauc. | | DATE OF BIRTH Ceb. 22, 18 | 6. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| ed in ey | Ma | aryland | 'b. CITIZEN OF WHAT COUNTRY? U. S. | WIDOWED T | DIVORCED [| COUNTY OF DEATH Montgomery | Md. |
| within tely fille ban pa | I | city or town of death Bethesda | 11. NAME OF HOSPITAL OR IN give street address) Be Silver Sp | thesda- ring Ni | in haspital 120. USUAL during most Home | OCCUPATION (Kind of wark done of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| executed and compiler corrections only event | odn | Mary Land | lived, if institution: Residence before 13b, COUNTY MONT GOMERY | Bethes | OWN 13d. INSIDE CITY LIMIT | 13e. STREET AND NUMBER | |
| e be ex | | FATHER'S NAME First Wilfred Ga | | | MOTHER'S MAIDEN NAME First | | Hayden Lost |
| ertificote be executed within 24 physicion and sometimely filled in the please remove corban paper oval, and in ony event, within 72 | 160 | No | or dates of service) 220-46- | 5293 M | DRMANT Daugh | | |
| bing PHYSICIAN: The law requires that the deoth certificate be executed by the hospital or attending physicion. After this certificate has been signed by the ottending physicion and so be detached for use as the burial-transit permit. Then please remo State Dept. of Health prior to burial, cremation, or removal, and in any | | PART I. DEATH WAS CAUSED I | one couse per line far (a), (b), and (c). BY: CAUSE (a) Pulmana | | mbelian | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G hrs. |
| at the | | Canditians, if any, which gave isse to immediate cause (a), | DUE TO, OR AS A CONSEQUENCE OF | schuo | 14/6 | | 20709. |
| equires that the physicion. signed by the buriol-tronsit puriol, cremati | | lost. | DUE TO, OR AS A CONSEQUENCE OF (c) (TIONS CONTRIBUTING TO DEATH BUT NO | OT DELATED TO T | UE TERMINAL DISCRET, OR CON | DITION OWEN IN DADY V | |
| law requality plans of the plan | LION | Suntin Editors | INDITION FOR WHICH OPERATION WAS PE | | 20g. AUTOPSY? | | CAUCIOCOCO IN CENTRALIO |
| : The lor aften le has le has los as as alth prijalith prijalith prijalith | CERTIFICATION | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | YES NO NO | 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH? | |
| YSICIAN: ospital or certificate thed for used fo | MEDICAL | OR CONTRIBUTING CAUSE OF OEATH | HOUR A.M. Month Day Yeor P.M. 19 | | | oture af injury in Part 1 ar Part 2, | |
| VG PHY The ho This of this of detack The Dep | | While Nat while at wark of work | | | TION Street or R.F.D. No. | City ar Town | County State |
| TENDING ined by the sould be could be c | | saw the deceased aliv | haspital) attended the decease re an / / / / / (did) (did not) view the | 9-27, and t | nat in kmy (aur) apinio | in death accurred an the do | te and haur and fram the |
| OR AT be reta be reta DIRECT spe 3 sh led with | | 22b. SIGNATURE | alezan- | DEGREE | ATTENDING MED. PHYS. DIRE | STAFF C | DATE SIGNED 5-16-68 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the state of | | | mm. wymon | | 22e. ADDRESS 7801 Was | | there |
| TO HC Poge TO FUI direc | Bı | | 19-69 Chapt | | is.Cem. | 3d. LOCATION (City or Town) Chaptico, Ma | |
| VR A15 (4) | 24. | FUNERAL DIRECTOR R. A. | Pumphrey, ADPRES | thesda, | Md 2Sa. REC'D BY R | | |



| | 1 | | | AN STATE DELAKTMEN | | |
|---|---------------|------------------------------------|--|-----------------------------------|---|--|
| The second second | | | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREE | T, BALTIMORE, MARYLAND 21201 | OWOM - |
| 10 | | 07274 | | CERTIFICATE OF DI | | 07270 |
| | ! | | | | | |
| # = # # 2 # | | ECEASED-NAME First Type or print) | Middle | Lost | 20. DATE OF DEATH | 2b. HOUR |
| er deat funeral | | e C | 1/1/ H. | Zarau | Month Day | 1019 54 M |
| in in in | 3. 9 | | 4. RACE | S. DATE OF BIRTH | | IF UNDER 1 YEAR OF UNDER 24 HRS. |
| the ages | | m | White | | | MONTHS DAYS HOURS MIN |
| ST中的 | 1 | /// | 3/1/10 | 5-10 | -14 last birthday) YRS. | |
| nours after death. by the funeral Pages. I and 2 nours after death. | 70. | BIRTHPLACE (Stote or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| - 12 22 | COL | ntry)Jordan | U.S.A. | WIDOWED DIVORCED | | // |
| hin 24 filled pape thin 77 | 10. | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR II | NSTITUTION (If not in hospital | 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR |
| within within within within | | Rella | give street oddress | direction in the introspinor | during most of working life, even if retired.) | INDUSTRY A |
| with with with with with with with with | 1 | DEYMESCVIT | Jul | urban | Jell Imployed. | Kua Cleaning |
| unted volumed volumed voluments, event, | 130 | USUAL RESIDENCE (Where deceo | ed lived, if institution: Residence before | 13c. CITY OR TOWN 13d. | INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| cut min cut | odii | ission) STATE M | 13b. COUNTY of amery | Por bille YE | S NO 811 Bactima | a RD. |
| ny ny | 14 | FATHER'S NAME First | Middle Lost | IS. MOTHER'S MAIDE | N NAME First Middle | 4 / 4 / |
| and rei | | Hanna 2 | | Jalil | | Lost |
| se p | | | | | Lan | |
| tertificate be executed withing physician and campletely fine please remove carban mayal, and in any event, with | 160 | WAS DECEASED EVER IN U.S. AR! | MED FORCES? 16b. SOCIAL SECURITY | | Address | |
| hys (ifficial) | | (es, no or unknown) (II yes give v | and of duties of service) | John J. | Zarou-son- address a | bove Item #13 |
| no he | | 19 CALICE OF DEATH /Enter on | hu one sauce are time for (-) (b) and (- | | | APPROXIMATE INTERVAL |
| ne death Ret attending p permit. The | | PART I. DEATH WAS CAUSE | ly one cause per line for (o), (b), and (c | ′′ | | BETWEEN ONSET AND GEATH |
| ear mit | | | ATE (AUSE (o) MYOCATOLA | l infarction, a | acute | 24 hrs. |
| att att | 100 | 4109 | DUE TO, OR AS A CONSEQUENCE OF | | | |
| t the sit p | | Conditions, if any, which gove | | | or descending coronary | 10 d |
| y thins | | rise to immediate couse (o), | DUE TO, OR AS A CONSEQUENCE OF | | artery | 100 |
| # 5 4 5 5 | | stoting the underlying couse lost. | DUE TO, OK AS A CONSEQUENCE OF | | artery | |
| requires that the death g physician. signed by the attendin. s burial-transit permit. a burial, crematian, ar rea | | | (c) | | | |
| ph phy phy phy phy phy phy phy phy phy p | I. | PART 2. OTHER SIGNIFICANT COI | IDITIONS CONTRIBUTING TO DEATH BUT I | NOT RELATED TO THE TERMINAL DI | SEASE OR CONDITION GIVEN IN PART 1(0) | |
| N: The law re ar attending by the has been ruse as the salth prior ta | z | Diabe | etes mellitus | | | |
| YSICIAN: The law raspital ar attending certificate has been thed far use as the st. of Health prior ta | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS P | ERFORMED 20a. AUTOPSY | ? 20b. IF YES, WERE FINDINGS CO | NSIDERED IN CERTIFYING |
| and | 5 | | | YES X | NO CAUSES OF DEATH? | THE PARTY OF THE P |
| e e h e h | 123 | 21o. ACCIDENT WAS UNDERLYIN | IC Iou Tura or municular | | L ES | |
| and | | OR CONTRIBUTING CAUSE OF DEAT | IG 21b. TIME OF INJURY H HOUR A.M. Month Doy Yeo | | RED (Enter noture of injury in Port 1 or Part 2, It | em 18.) |
| E SE | MEDICAL | (If either, notify medical exami | ner) P.M. | 9 | | |
| OR ATTENDING PHYSICIAN be retained by the haspital of IRECTOR: After this certificat e 3 shauld be detached far ed with the State Dept. of Hee | M | OLA MINIDY OCCUPATED TOL | PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC. | ACTORY,) 21f. LOCATION Street or | R.F.D. No. City or Town | County Stote |
| he h | | While Nat while | OFFICE BUILDING, ETC. | | | |
| a t t b a | | of work of work | - L - 24-1) AA 1 LAI LA | 11 11 | 1 10/6 5/0//10 | 10 1 10 1 11 |
| After d by t After d be c | | 220. I certify that (i) (th | is hospital) attended the deceas | sed from 3 | 2, 19 <u>69</u> , to 3/26/19_ | 67, that (I) (we) last |
| EN Sed | | causes stated above | , (I) (we) (did) (did nat) view the | hady after death | aur) apinion death occurred on the dat | e and haur and from the |
| Fig 5 at | Н | 22b. SIGNATURE | , (i) (we) (did)/(did fidi) yew file | body uner deom. | | |
| Wis Series | | 22b. SIGNATURE | 100 | ATTENDING | MED. STAFF 22c. D. | ATE SIGNED |
| o e e e e | | TYN | un.M. Jones | DIGREE PHYS. | DIRECTOR LI PHYS. LI | 126/69 |
| Al ay | | 22d. PHYSICIAN'S | , 17 (7) | 22e ADDRESS | V. W. T. T. | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death tertificate be exemplage 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and adirector, page 3 should be detached far use as the burial-transit permit. Then please remainshauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any | | NAME (Type) Ster | ohen N. Jones | 80 ; | viers Mill Road, oc | kville, Md. |
| UNI UNI | 230 | BURIAL, CREMATION, 23b. | DATE 23, NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (Caush) (Casto) |
| A garage | 230 | RBMDYAE (Specify) 5 | | Lawn Cemetery | Rockville, Montg | (County) (Stote) Maryland |
| 5 5 | - | | | | 100111110, | , · ·································· |
| VR A15 | | FUNERAL DIRECTOR | ADDRESS | | D. REC'D BY REGISTRAR 25b. REGISTRAR'S S | GRATURE |
| 45M - 1X89 | У | son Wheeler Fu | uneral Home 1331 | L MOCKVILLE PA | HMAY 28 1968 follow | 0 |